



# COLUMBUS

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## Christian Academy

### Bank Draft Authorization Form

Please complete this bank draft authorization form and return along with a voided check

Name of Bank: \_\_\_\_\_

City/State of Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Amount of Draft: \_\_\_\_\_

**Funds will be drafted on the 1<sup>st</sup> business day of each month beginning in July and ending in April.**

I hereby authorize Columbus Christian Academy to draw monthly drafts against my bank account. I further authorize the bank to pay and charge to my account, monthly checks drawn in the amount listed above.

The above authorization is to remain in force until revoked by me in writing.

\_\_\_\_\_  
Signature accepted by Bank

\_\_\_\_\_  
Date

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◆◆◆Attach Voided Check◆◆◆

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