



brightbeginnings

EARLY LEARNING PROGRAM OF FRIENDSWOOD UMC

www.friendswoodumc.com / Tel: 281.482.7535 / Fax: 281.482.3225 / 110 N. Friendswood Drive, Friendswood, Texas 77546

BANK DRAFT AUTHORIZATION

I hereby authorize _____ to honor a draft drawn on my account for tuition
Name of Bank

\$ _____ to be deposited monthly, drawn on the 1st of each month. This service will begin _____ / 20_____.
Month Year

Name		Phone	
Address		City	State Zip
Bank Name			
Account Number		Routing Number	

Please attach a voided check to the back of this form.

Signature

Date

NOTES:

This form must be completed ANNUALLY.

This authorization is to remain in full force and effect until Bright Beginnings Early Learning Program has received written notification from me of its termination in such time and in such manner as to afford Bright Beginnings Early Learning Program and Depository a reasonable opportunity to act on it.

For more information, please contact Colleen Williams at (281) 482-7535 x117 or at Colleen@friendswoodumc.com