AUTHORIZATION FORM

Organization Name: **Bilingual Learning Center (BLC)**

FOR OFFICE USE ONLY	CUSTOMER #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:
- ☐ New authorization
- ☐ Change banking information
- ☐ Change payment amount
- ☐ Discontinue electronic payment
- ☐ Change payment date

Last Name	First Name	
Address		
City	State	Zip
Email Address		

MONTHLY PAYMENT:

Date for monthly withdrawal (please check one): ☐ 1st ☐ 15th ☐ Other_____

Date of first payment: _____/_____/_____ Amount of monthly payment: $_____

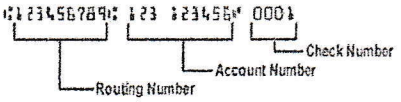
CHECKING / SAVINGS

Please debit payment from my (check one):

- ☐ Savings Account (contact your financial institution for Routing #)
- ☐ Checking Account (staple a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

If using a checking account, please attach a voided check to the bottom of this page.