

We Build Champions

110 West Highland ~ Paragould, Arkansas 72450 Phone: 870-236-3286 ~ Fax: 870-239-4028

ACH Bank Draft Payments Sign-up Form (Print Legibly)

CUSTOMER INFORMATION

Parent/Guardian Name:		
Student Name:		
Mailing Address:		
E-mail Address:		
Phone Number:		
FINANCIAL INSTITUTION	NFORMATION	
Name on Account:		
Bank Name:		
Account Number:		
Bank Routing Number:		
DRAFT DATE (Circle One):	1 st 5 th 10 th for the current month for	25 th the coming month
I certify that the information abo provided for ACH transactions, a		rized signer or designate of the account de this information.
I authorize Champions Gymnastiaccount via Electronic Fund Tran Gymnastics Center, Inc. will reve	nsfer. I understand sending a wr	onthly tuition payments from this bank itten notification to Champions
Champions Gymnastics Center, Transfers due to insufficient fund		without prior notification Electronic Fund
Print Authorized Name		
Authorized Signature		Date