



Electronic Funds Transfer Authorization

I hereby authorize Camelot Kids to withdraw monthly tuition fees from the following bank account listed below. This authorization is to remain in force until Camelot Kids has received written authorization from me of its termination or change.

Child's Name:

Parent's Name on the Account: _____

Address:

Telephone: (____) _____

Signature: _____ **Date:** _____

Checking Account Only

Name of Financial Institute: _____

Routing Number:

Account Number:

Attach a VOIDED CHECK

OFFICE USE: Effective Date _____