Draft Form

Student Name:	
Mont	e Draft Authorization hly or Quarterly (Circle One)
Name (Last, First, Middle) One)	Amount:Date: 1st. 5th, 8th, 10th, or 15th (Circle
Bank, Savings & Loan or Credit Union Name, (Please include a blank deposit slip)	Branch, Street, City, State, and Zip Code Routing Number
	Account Number
	Checking orSavings
above. It is my responsibility to notify the Con	pany) to debit my account at the bank and account indicated appany in writing of nay change in the account seven (7) unge to be effective. I understand that I will not receive any
Signature	Date