

**LAMB OF GOD LUTHERAN CHURCH AND PRESCHOOL
EZ-EFT ENROLLMENT FORM**

By signing this form you authorize us to draft your child's weekly tuition amount every Friday in advance of services for the upcoming week as well as any other fees incurred.

NAME OF CHILD: _____

Choose One:

☐ **Checking Account Transfer** (Please attach voided check)

☐ **Savings Account Transfer**

Account Number: _____

Routing Number: _____

☐ **Credit Card** (MasterCard or Visa)

Please Note: a 3% service fee will be added to your weekly draft

Visa Card Number: _____ Exp: _____

MasterCard Number: _____ Exp: _____

Account Holder Information:

(Note: the information listed below must match the information on the account)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorization:

Name of financial institution

I hereby authorize _____ to make payment on my behalf from the checking, savings or credit account listed, and transfers it to **Lamb of God Lutheran Church and Preschool.**

Account Holders Name Printed: _____

Signature: _____ Date: _____