

Autopay Form

For office use only:

- ACH Terminal
- Quickbooks

Date: _____

Student's Name: _____

Parent's Name: _____

Phone Number: _____

I hereby authorize CBTB Academy to charge my account the amount of:

\$ _____ on _____ for _____

\$ _____ on _____ for _____

And/or auto payments for Options 2, 3, 4 of:

\$ _____ on the first day of month starting _____ and ending _____.

Method of Payment:

- Checking Account – attach void check here
- Visa
- Master Card

I understand and comply with policies and fees related to incomplete transactions, changes or cancellation of auto payments.

Authorized or Card Holder Signature

Date

Tear Below line and destroy after inputting

Card Number: _____ Expiration Date: _____

Card Holder's Name: _____