



Randolph Christian School

457 North Second St.
Randolph, WI 53956
920-326-9480

www.randolphchristian.org

EFT Authorization Form


Schedule your payment to be deducted from your bank account or charged to your debit/credit card. This can be used for either a one-time payment or for recurring payments. Just complete and sign this form to get started!

Here's how one-time payments work:

By signing this form, you give RCS permission to debit your account. For one-time payments, the permission is for a single transaction only, and does not provide authorization for any additional debits or credits to your account.

Here's how recurring payments work:

You authorize regularly scheduled charges to your account. You will be charged the amount indicated below each month. You will receive an email notification from RCS and the charge will also appear on your bank statement.

Donor Information	
Name _____	Phone _____
Address _____	City, State, Zip _____
Email _____	
Payment Information	
I authorize Randolph Christian School to automatically charge the account listed below as specified:	
Frequency <input type="checkbox"/> Once <input type="checkbox"/> Monthly Amount _____	
(for monthly) Start on ___/___/___ End on: <input type="checkbox"/> Until further notice -or- <input type="checkbox"/> ___/___/___	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Name on Acct _____	Cardholder Name _____
Bank Name _____	Account Number _____
Account Number _____	Exp. Date ___/___
Bank Routing # _____	Billing Address (if different than donor address) _____
	City, State, Zip _____
Please include a copy of voided check or deposit slip	

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Randolph Christian School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day.

Please retain a copy of this agreement for your records