



Automatic Withdrawal Agreement Form – Royal Adventures

Authorization Agreement

I hereby authorize **TFCA** to initiate automatic withdrawals to my account on June 21st, July 5th, July 19th, August 2nd, and August 9th 2018 at the financial institution named below. Payments withdrawn will be for the prior two weeks of program attendance. I also authorize **TFCA** to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold **TFCA** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in deducting funds from my account.

This agreement will remain in effect until **TFCA** receives a written notice of cancellation from me or my financial institution, or until I submit a new Automatic Withdrawal Agreement Form to the Finance Office.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Use tuition account information on record

Signature

Authorized Signature (Primary): _____ Date: _____

Print Name (Primary): _____

Authorized Signature (Joint): _____ Date: _____

Print Name (Joint): _____

Please attach a voided check or deposit slip and return this form to the Finance Office.

