

CAPE GIRARDEAU CRCSD
3054 STATE HWY FF , JACKSON, MO 63755

ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____
Customer No: _____
E-Mail Address: _____
Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____
Bank Routing/Transit No: _____
Name on Account: _____
Account Type (circle one): CHECKING / SAVINGS
Account No: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize CAPE GIRARDEAU CRCSD to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to CAPE GIRARDEAU CRCSD will revoke this authorization.

CAPE GIRARDEAU CRCSD reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date

CAPE GIRARDEAU CRCSD
3054 STATE HWY FF , JACKSON, MO 63755

Recurring Credit Card Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Customer No: _____

E-Mail Address: _____

Phone No: _____

CREDIT CARD INFORMATION

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Name on Account: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for credit card transactions, and that I am authorized to provide this information.

I authorize CAPE GIRARDEAU CRCSD to deduct my utility payments from this account via Recurring Credit Card Payment transactions. I understand sending a written notification to CAPE GIRARDEAU CRCSD will revoke this authorization.

CAPE GIRARDEAU CRCSD reserves the right to cancel Recurring Credit Card Payments due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date