



BROOKFIELD ACADEMY

3460 North Brookfield Road • P.O. Box 907 Brookfield, WI 53008-0907
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AUTHORIZATION AGREEMENT FOR EFT (ELECTRONIC FUND TRANSFERS)

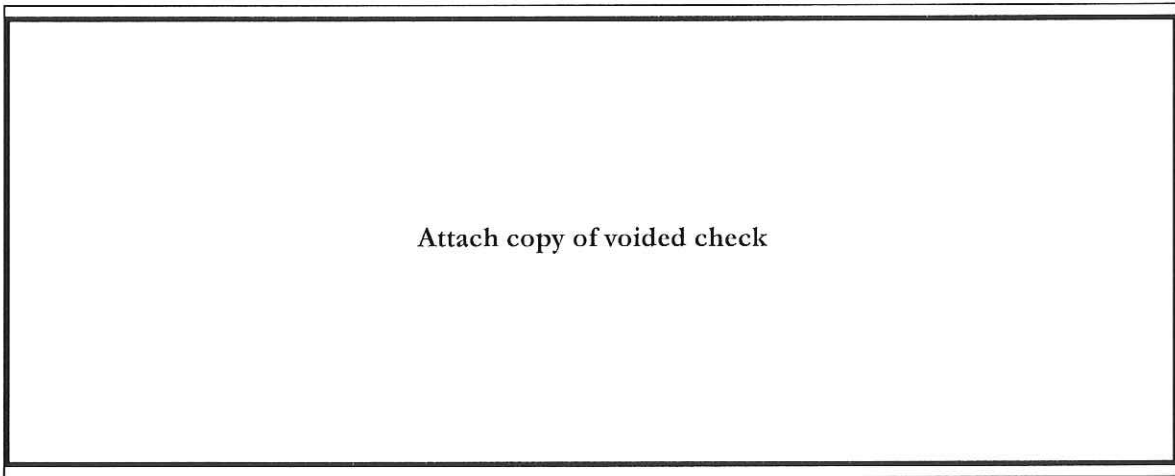
I (we) hereby authorize The Academy of Basic Education, Inc. d/b/a Brookfield Academy, hereinafter called Brookfield Academy, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called Depository, to debit same such account.

CHECK ONE: Checking Savings

BANK NAME _____ CITY, STATE _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This Authority is to remain in full force and effect until Brookfield Academy and Depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Brookfield Academy and Depository a reasonable opportunity to act on it. Please notify the business office of any bank account change at least one week before the transaction date.



CHECK ONE:

- For the 2012-2013 School Year Only
(New form required yearly)
- For 2012-2013 and future school years
(Continuous --until further notice)

CHECK ONE:

- 3 term payments
(Sept, Dec, Mar)
- 9 monthly payments
(Sept thru May)
- Full Pay May
- Full Pay September

CHECK ONE:

- 1st of each month
- 10th of each month
- 20th of each month

Student Name(s) _____

Parent Name(s) _____

Authorized Signature _____ Date _____

For Office Use Only	
Tuition	_____
Narnia	_____
P R	_____
Other	_____
Total	=====