GRACE ACADEMY
Christian Preschool

MONTHLY COMMITMENT FORM

NAME: ____

EMAIL: ____

TELEPHONE: (H)________________________(C)________________________

AMOUNT OF CHOICE

PLEASE INDICATE AMOUNT: $50____ $100____ $200____ Other_____

COMMENCING ON: ________________________ENDING ON: ________________________

ACCOUNT DETAILS:

DIRECT DEBIT OR CREDIT CARD: ____

CARD NUMBER: ________________________________EXPIRATION DATE: ___________

ZIP CODE: ____________________________________CVC: _____________________

BILLING ADDRESS: ____

CHECKING ACCOUNT

BANK NAME: ____

ACCOUNT NUMBER: ____

BANK ROUTING# ____

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OFFICE USE ONLY

DATE RECEIVED: ________________________BY: ____________________________

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