

Creative School  
10066 Marsh lane  
Dallas, TX 75229  
75-1896741

**Automatic Payments**  
**Enrollment Authorization**

I hereby authorize my financial institution to make periodic payments on my behalf from the checking, savings or credit card account listed below and transfer it to **CREATIVE SCHOOL**. I understand that I am in full control of my payments and will notify both my financial institution and **CREATIVE SCHOOL** if at any time I decide to make changes or discontinue this service, or change or close my credit card or bank account.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**Bank Account Information:**

Name of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number ( or attach voided heck) \_\_\_\_\_

Credit Card: (select one)    \_\_\_ Visa    \_\_\_ Mastercard    \_\_\_ AMEX    \_\_\_ Discover

Credit Card Number: \_\_\_\_\_ Exp: Month/Year \_\_\_\_\_