



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Please charge my bank account monthly for my family's tuition. **I understand I must give 30 days advance written notice to discontinue this service.** I understand that all tuition paid is nonrefundable and nontransferable. If my family adds or reduces the number of subjects taken, Kumon may adjust the fees charged accordingly without separate written authorization.

I will immediately notify Kumon of any changes in the information provided on this authorization form. All items returned to Kumon are subject to an automatic debit from my account including a maximum returned check fee as permitted by law.

Financial Institution Information

Depository Bank Name:
Type of Account: Checking Savings
Routing Number (9 digits):
Account Number:

I accept the terms of enrollment. I have received and read Kumon North America's "NOTICE TO PARENTS." I would like my child to enroll in Kumon of Houston Heights.

Signature		Date	/ /
Print Name		E-Mail	

List Children Attending Kumon

1.	Math	Reading
2.	Math	Reading
3.	Math	Reading

Please **attach a voided check** here.

Start:
Cancel: