

BAY AREA DEBATE CLUB



45630 Parkmeadow Court
Fremont, CA 94539
www.bayareadebateclub.com

Email: info@bayareadebateclub.com
Phone: 510-573-2497
Fax: 510-372-0427

INSTRUCTIONS:

1. Complete the form including Parent contact information for Emergency and important communication.
2. Mail or fax the completed form and a copy of a voided check for the account to be debited to address listed above.

CLASS REGISTRATION AND AUTOMATIC PAYMENT AUTHORIZATION

Class Location: _____

Student Name: _____ Grade _____

Parent/Guardian Name: _____ Phone: _____

Contact Email: _____

Amount per Month: \$70
Number of Payments: 7
Payments will be debited around 10th
of every month

Bank Account Info:

Financial Institution: _____

Account Number: _____

Routing Number: _____

I hereby authorize Bay Area Debate Club to initiate debits (payments) to the financial institution indicated above for the purpose of paying class registration fees for above mentioned student. This financial institution is authorized to debit my account for the amount mentioned above. This authority is to remain in full force and effect until either I revoke it by giving 10 days prior written notice to Bay Area Debate Club or it is cancelled by Bay Area Debate Club after the number of payments mentioned above are completed. If the first debit in any given month was unsuccessful whether due to insufficient funds or bank error, Bay Area Debate Club has the right to re-initiate the debit entry.

Account Holder Name: _____ Signature: _____

ATTACH VOIDED CHECK HERE