



KPAC, LLC

Draft Authorization Form

ATHLETE'S NAME: _____

I (we) hereby authorize KPAC, LLC, hereinafter called COMPANY, to initiate debit entries, and to initiate, if necessary, credit entries and adjustments for a debit entry in error to my (our) card or account indicated below. The authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such timely manner (by the 25th of the preceding month) as to afford the COMPANY a reasonable opportunity to act on it. THE INFORMATION BELOW SHALL BE USED FOR TUITION FEES.

CUSTOMER(S) NAME: _____

CUSTOMER ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

Bank Draft: Please attach voided check

TYPE OF Account Checkings Savings

Name of Financial Institution: _____

Routing Number: _____ Account Number _____

Name on Account: _____

Card draft:

TYPE OF CARD VISA MASTERCARD DISCOVER

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____

Signature

Date

Draft Tuition Only

Draft Tuition and Fees