



Internal Tracking: _____

Return To: Academy Prep Center
of Tampa
1407 East Columbus Drive
Tampa, FL 33605
(813) 248-5600
(813) 248-5602 FAX

Electronic Funds Transfer (EFT) Authorization Application - 453

Contributor: _____ **E-Mail:** _____

Last Name: _____ **First Name:** _____

Address: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Day Phone:** _____

I authorize the financial institution named below to accept Direct Payment instructions and to debit my account indicated below or credit my account if it is necessary to make corrections.

Bank Information:

Acct Type: Checking Savings Credit Card

Routing #: _____ **Account #:** _____

Credit Card #: _____ **Expiration Date** **Month:** _____ **Year:** _____

Debit Information:

Contribution Amount: _____ **Start Date:** _____

Frequency: Quarterly Monthly Bi-weekly Weekly

I hereby authorize **Gulf Management Systems, Inc.**, hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be cancelled by Company at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damage, loss or claim resulting from all authorized actions hereunder.

Payer's Signature

Date

Academy Prep does not discriminate on the basis of race, color, sex, or national origin in the administration of its educational policies and scholarships, athletic, and other school-administered programs.

Academy Prep Foundation, Inc., Registration Number CH7916, meets all requirements for the Florida Statutes Solicitation of Contributions Act, Chapter 496, Permit #0209003. 100% of your contribution has been received by Academy Prep Foundation, Inc.