



CHANGE OF INFORMATION FORM

Personal Information

Student Name: _____

Parent Name: _____

Phone: _____

E-mail: _____

Address: _____

Payment Information

AUTO PAY (Electronic Funds Transfer)

Should agreement not arrive in time for bank pre-notification, I authorize Family Martial Arts Academy to advance my due date to the next available date.

BANK NAME _____

ROUTING # _____

CHECKING ACCT # _____

STUDENT/PARENT (IF UNDER 18)

DATE

CREDIT CARD VISA MC DISC

Account # _____

Exp. date _____

Name as it appears on card _____

AUTHORIZED, AGREED AND ACCEPTED

DATE

OFFICE USE ONLY

Account# _____

Date Changes Completed _____

HPS: QB: