



Authorization of Automatic Bank Draft

Name: _____

I hereby authorize Franklin Road Academy to initiate monthly bank drafts in the amount stated below for the number of months indicated.

Automatic Bank Draft - \$_____ for _____ months beginning the month of _____.

Signature _____

To register for automatic bank draft:

- please print this form
- fill out the information requested above
- complete the draft information
- sign in the space provided
- and mail this form with a voided check to

Franklin Road Academy
4700 Franklin Road
Nashville, TN 37220.