

NUR ISLAMIC SCHOOL OF LOUISVILLE
Electronic Funds Transfer (EFT) Payment Program
Enrollment Form

Please Check One:

New EFT Participant

Current EFT Participation With Bank Changes

NISL Parent account information:

Name of account holder: (Last, First)

Day-time telephone number

Address of account holder

Bank Information:

Type of account: _____ Checking

_____ Savings

Name on Bank Account

Banking Routing/ABA Number

Bank Account Number

Bank Name

Bank Phone Number

Bank Address

\$ _____
Amount/Month

Number of Months

Signature Section: I hereby authorize Nur Islamic School of Louisville to initiate debit entries to my checking or savings account indicated above for the payment of my monthly Tuition bill. I further authorize the bank or financial institution named above to debit such account. **I understand the debit will be made on the 10th of each month.** This authority shall remain in full force and effect until revoked by me, my bank or financial institution or Nur Islamic School of Louisville. I acknowledge that I read and understand the Nur Islamic School of Louisville payment program.

Account holder's signature for authorization

Date