



Wicomico Day School



Tuition Express Form

Child's Name _____

Date _____

Payer's Name _____

Relationship to child _____

Please choose one of the following methods for the weekly drafts to your account:

Account Holder Name _____

Phone _____

Address _____

Option 1

Checking or Savings (choose one)

Bank Name _____

Routing Number _____ Account Number _____

Option 2

Visa, MasterCard or Discover (a 3% processing fee will be charged)

Card Number _____ Exp. Date _____

A \$35 Non-Sufficient Fee will be charged for all returned transactions

By signing, you authorize Wicomico Day School to initiate weekly recurring drafts from your account. To properly cancel this agreement, I am required to give Wicomico Day School a 10-day written notice.

Signature _____

Date _____