



**PRONOTE**

**Draft Authorization Form**

Date: \_\_\_\_\_ Pronote Account#: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Amount: \_\_\_\_\_

Make sure to include the \$5.00 convenience fee or your payment will not be processed.

Bank Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Signature: \_\_\_\_\_

This fax authorizes Pronote to do a one-time draft on the above listed account.

Please fax this form back to 800.294.0851

Please attach a copy of a blank check so that we may verify the bank account number and the routing number.

**REQUIRED**

<b>JONATHAN DOE</b> P.O. BOX 9999 PH. 713-555-5500 HOUSTON, TX 55555		A BANK OF TEXAS, N.A. HOUSTON, TEXAS  33-3333/3333	3333
PAY TO THE ORDER OF	<b>ATTACH VOIDED CHECK HERE</b>		<b>AMOUNT OF CHECK</b> [ ]
PAY IN THE SUM OF	_____		VOID AFTER 180 DAYS
000000000	9999999999999	3333	
ROUTING #	ACCOUNT #		