

| Enter Your Information Here: | |
|------------------------------|---|
| Full Name: | Address: |
| Phone: | |
| Email: | Date of Birth (DOB) or Social Security # (SSN): (responsible parent/guardian for payment authorization) |

| OPTION 1 - Recurring Automatic Payment from Checking Account | |
|---|---|
| <input type="checkbox"/> Annual (One Time) (AUGUST) | <input type="checkbox"/> Semester (AUG & FEB) |
| <input type="checkbox"/> Use SAME bank account on file from prior year | <input type="checkbox"/> Quarterly (AUG, NOV, FEB & MAY) |
| <input type="checkbox"/> New Bank account information | <input type="checkbox"/> Monthly (AUG-JULY) |
| Depository Name (first & last): _____ Bank Name: _____ ACH Routing #: _____ Checking Account #: _____ | |
| <p>PLEASE ATTACH VOIDED CHECK TO THIS FORM</p> | |
| <p>I (we) hereby authorize Summit Christian Academy, hereinafter called COMPANY, to initiate debit entries to my (our) bank account on the 14th of the month for the selected payment option. The amount authorized to be transferred will be the amount of the payment plus any past due balance and/or applicable fees. For any changes submitted to the Enrollment Application that affect the amount, the payment amount will also be adjusted.</p> | |
| <p>This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.</p> | |
| <p>I understand that thirty (30) days notice, in writing, to the COMPANY is required if I change banks and/or accounts.</p> | |
| Signature: _____ | Date: _____ |
| (Checking account owner signature required) | |

| OPTION 2 - Recurring Credit Card Payment | |
|--|---|
| <input type="checkbox"/> Annual (One Time) (AUGUST) | <input type="checkbox"/> Semester (AUG & FEB) |
| <input type="checkbox"/> Quarterly (AUG, NOV, FEB & MAY) | <p style="text-align: center;"><i>We accept Visa, MasterCard, American Express and Discover</i></p> |
| Card Holder Name (as shown on card): _____ Card Number: _____ Expiration Date: _____ / _____ Security Code #: _____ Address (must be the billing address for the credit card holder): _____ City: _____ State: _____ Zip _____ | |
| <p>I authorize Summit Christian Academy to charge my credit card on the 14th of the month for the selected payment option amount based on the 20-21 Enrollment Confirmation.</p> | |
| <p>* If semester and/or quarterly, this authorization will remain in effect until I notify SCA in writing two weeks prior to the automatic charge that I wish to change and/or discontinue credit card payment option.</p> | |
| Authorized Signature: _____ | Date: _____ |

| OPTION 3 - CHECKS BY MAIL - payment due on the 14th of the month for the selected payment option | |
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| <input type="checkbox"/> Annual (One Time) (AUGUST) | <input type="checkbox"/> Semester (AUG & FEB) |
| <input type="checkbox"/> Quarterly (AUG, NOV, FEB & MAY) | Make checks payable to: Summit Christian Academy |
| <p>Mail completed form and/or payment to: Summit Christian Academy, PO BOX 48265, Spokane, WA 99228</p> | |