

## **PLEASE FILL OUT FINANCIAL FORM TO COMPLETE REGISTRATION**

Calvary Learning Academy **REQUIRES** automatic tuition payments. If you choose to pay your child's tuition in full for the year you will not be required to fill out this form. Full tuition payment must be received by Aug. 5, 2024.

\*\*\*\*\*            **Check here if you would like your registration fee debited from your account or charged to this credit card** \*\*\*\*\*

Each month on the 5<sup>th</sup>, your tuition payment will automatically transfer from your preferred banking account or be charged to your credit card. If you do not have sufficient funds in your bank account to cover the withdrawal, you will receive notice of non-sufficient funds and will be required to make arrangements to pay the tuition along with a \$20 penalty. The first transfer will occur on August 5, 2024, and the last transfer will occur on May 5, 2025. You may update this form any time by calling the office.

\*Tuition payment is not subject to adjustments due to illness, vacation, absences, weather closings, covid quarantines, or acts of God. Yearly tuition is divided into 10 equal payments.

### **ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD**

I authorize Calvary Learning Academy to initiate debits to my checking or savings account, (Section A) or initiate credit card charges to the below-referenced credit card (Section B). To cancel this agreement, I am required to give 3 days' written notice. I understand the debits will only be processed on the 5<sup>th</sup> of each month unless other arrangements are made.

#### **COMPLETE ONE SECTION ONLY: A or B**

##### **SECTION A (Bank Account)**

Your Name: \_\_\_\_\_ Your Phone # \_\_\_\_\_

Bank Name: \_\_\_\_\_ Withdraw from Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Bank Routing Transit #: \_\_\_\_\_ (first 9 numbers at bottom left of your check)

My Account Number is: \_\_\_\_\_ (middle numbers at the bottom of your check)

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

##### **SECTION B (Credit Card) \*\*\**There will be a 3% processing fee for the use of a credit card.***

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholders Signature \_\_\_\_\_ Date \_\_\_\_\_

Each account debit will be the following amounts:

Tuition (Child's Name) \_\_\_\_\_ \$ \_\_\_\_\_

Tuition (Child's Name) \_\_\_\_\_ \$ \_\_\_\_\_

Tuition (Child's Name) \_\_\_\_\_ \$ \_\_\_\_\_

Total Debit Each Month \_\_\_\_\_ \$ \_\_\_\_\_

\*If enrolling multiple children, only **one** debit form is needed per family/account. Please fill in the children's names and monthly tuition amount.