



# PAYMENT AUTHORIZATION FORM 2017-18

<b>Enter Contact Information</b>			
Full Name (of the family for which payment is due): _____			
Email address:....._____			
Phone: ....._____			

<b>OPTION 1 – Recurring Automatic Payment from Checking Account (all payment frequencies)</b>			
<input type="checkbox"/> Annual (August)	<input type="checkbox"/> Semester (Aug & Feb)	<input type="checkbox"/> Quarterly (Aug, Nov, Feb, May)	<input type="checkbox"/> Monthly (Aug—July)
<b>Bank account information:</b>			
Name on the account (first and last): _____			
ACH Routing #: _____			
Checking Account #: _____			
<p>I (we) hereby authorize Tacoma Christian Academy (TCA) to initiate debit entries to my (our) bank account on the 20<sup>th</sup> 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 will also be adjusted.</p> <p>This authorization is to remain in full force and effect until TCA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford TCA and the account owner a reasonable opportunity to act on it.</p> <p><b>I understand that a 30-day notice, in writing, to the TCA is required if I change banks accounts.</b></p>			
Signature: _____		Date: _____	
(checking account owner's signature required)			
<b>PLEASE ATTACH VOIDED CHECK TO THIS FORM</b>			

<b>OPTION 2 – Recurring Credit Card Payment (only annual and semester)</b>			
<input type="checkbox"/> Annual (August)	<input type="checkbox"/> Semester (Aug & Feb)		
<b>We accept Visa, Master Card, AmEx, Discover</b>			
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date: _____ / _____		Security Code# _____	
Billing Address: _____			
City: _____		State _____ Zip Code _____	
<p>I authorize TCA to charge my credit card for the selected payment option amount AND all the accompanying convenience fees.</p> <p><i>*If semester option chosen, this authorization will remain in effect until I notify TCA in writing two weeks prior to the automatic charge that I wish to change and/or to discontinue credit card payment option.</i></p>			
Authorizing Signature: _____		Date: _____	

<b>OPTION 3 – CHECK OR MONEY ORDER (for annual, semester, and quarterly)</b>			
<input type="checkbox"/> Annual (August)	<input type="checkbox"/> Semester (Aug & Feb)	<input type="checkbox"/> Quarterly (Aug, Nov, Feb & May)	
<b>Make checks payable to: Tacoma Christian Academy</b>			