



1536 E. Washington Blvd. Pasadena, CA 91104 626.765.5105

Billing Payment Authorization Form

Sign and complete this form to authorize **Tabernacle of David Christian Academy (TDCA)** to make debits to your checking or savings account for the charges below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date for the **duration of your child(ren)'s enrollment at TDCA**. You will receive an email as a verification for each payment. All debits are scheduled for the day that the payment is due unless otherwise requested.

Please complete the information below:

I, _____, authorize **TDCA** to charge my bank account indicated
(Full name) below for the following TDCA charges **for the duration of my child(ren)'s enrollment at TDCA**: Including, but not restricted to, all of the following charges (#1-8) toward my account, according to my requests during the school year:

1. Late arrival/Late pick up payments: *Tardy penalties outlined in the Parent Handbook.*
2. Field Trips throughout the Year
3. TDCA Merchandise, Fundraisers, Hot Lunches, Library Late & Replacement book fees, Tardy (Payment) Fees, School Photos, PA Fundraisers, & MISC fees accrued each month.
4. Bi-Annual Term Supply Fee Due August 15th and February 15th - charged with tuition.
5. Textbook fee (Amounts will vary pending grade level //approx 150-\$450/student). Due July 15th.
6. Annual Parent Participation Program (P3) deposit as part of enrollment deposit.
7. Returning enrollment fee, billed when re-enrollment is submitted for the next school year.
8. Monthly tuition. Please fill out the second page for recurring auto payments.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: **Checking*** **Savings**

***Include a voided check, or email a copy of account information if not yet submitted.**

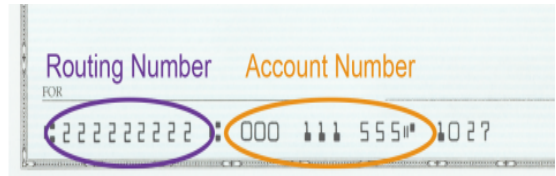
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____ **DATE** _____ See Second Page

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that TDCA may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$20 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute TDCA's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify TDCA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.



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Recurring Auto Payment or Donation Authorization Form

Schedule your payments to be automatically deducted from your bank account, or charged to your bank account for the **duration of your child(ren)'s enrollment at TDCA**. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town), eliminating late charges
- You only need to complete this form once for the duration of your child(ren)'s enrollment at TDCA

Here's How Recurring Payments Work:

You authorize regular fees & additional misc fees to be scheduled for payment from your listed checking/savings account. You will be charged the appropriate amount each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

For my student's tuition and additional applicable fees, I _____

Parent's full name

authorize **TDCA** to charge my bank account for my student's tuition on the **15th** of each month starting August and ending in May for each academic school year of your child(ren)'s enrollment as well as other applicable school fees when due.

Parent's Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Checking* Savings

***Include a voided check, or email a copy of account information not yet submitted.**

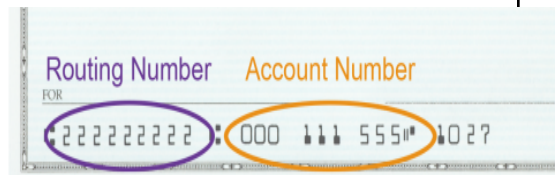
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify TDCA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that TDCA may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.