

Business Office Use

Name: _____

Date posted: _____

Incarnation Academy

2015-2016

Electronic Funds Transfer/Credit Card Authorization Form

We can automatically deduct your tuition and/or fees from your bank account or we can charge your credit card. Please complete the information below and return the form to Jill Bellew or Micah Crissey at least 5 business days before the first payment is due. Call 214-522-0160 if you have any questions.

PERSONAL INFORMATION

Name on Account: _____

Address: _____

City: _____ Zip: _____ Phone: _____

ELECTRONIC FUNDS TRANSFER

Checking Account Information. Please attach a voided check or bank form for your checking account confirming the bank information:

Routing #: _____ Account # _____

CREDIT CARD

Card Type: _____ Expiration Date: _____

Card Number: _____

Tuition: 2 Day/wk—\$305/mo; 3 Days/wk—\$415/mo; 5 Days/wk—\$650/mo; Kindergarten—\$675
Monthly Extended Care: M-F \$300, MWF \$180, T/Th \$120
Daily Morning Care \$5/day; Daily Extended Care \$20/day

Student: _____	Amount	Initials
Supply fee: In Full Sep 1	\$150.00	<input type="checkbox"/>
Tuition: In Full Sep 1	_____	<input type="checkbox"/>
9 Equal Pmts Sep 1-May 1	_____	<input type="checkbox"/>
Monthly Ext Care	_____	<input type="checkbox"/>
Daily Morning/ Extended Care	As needed	<input type="checkbox"/>
Teacher Appreciation	_____	<input type="checkbox"/>
Spirit/IAPA Items	As needed	<input type="checkbox"/>
Field Trip fee: PK3, PK4, Kinder	\$30.00	<input type="checkbox"/>

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Field Trip fee: PK3, PK4, Kinder	\$30.00	<input type="checkbox"/>

I authorize Church of the Incarnation/Incarnation Academy to process debit entries from my bank account/credit charges to the account noted above. This authorization will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date. Payments returned for insufficient funds will be assessed a \$35.00 fee.

Authorized Signature on acct: _____ Date: _____