This form must be returned to CCA/HDLCCC at time of registration.

Calvary Christian Academy/Happy Day Learning Center
Automatic Tuition Payment Agreement

Please complete all information requested below.

1. RESPONSIBLE FOR PAYMENT (Must be an authorized signer on the account listed in Section 2.)

Name:

Last First

Address:

City: State: Zip:

E-mail:

Daytime Phone # : — — Evening Phone #: — —

2. PAYMENT METHOD (Checking only) Please attach a voided check and a copy of drivers license.

Routing Number:

Account Number:

3. PAYMENT INFORMATION

Payment Date: 5th of the month

(If a payment date falls on a weekend or holiday, the payment will be attempted the following business day.)

Payment Frequency: ***Monthly***

FOR OFFICE USE ONLY

PAYMENT TERMS

Total Balance Due

$, .

Number of Installments

Amount of Each Installment

$, .

4. IMPORTANT FEE INFORMATION

A $25.00 Returned Payment Fee will be charged for any non-sufficient funds charge back.

If you need to change information such as address, phone number, e-mail address, or banking information, contact the Finance Manager. (**All** changes must be in writing at least two weeks prior to payment date in order to affect the upcoming payment withdrawal.)

5. AUTHORIZATION

By signing this Agreement, I hereby agree to be the Responsible Party and be bound by the terms and conditions contained within this Calvary Christian Academy/Happy Day Learning Center Automatic Tuition Payment Agreement and as well as in the Parent/Student Manual.

(X) _____ _____

Signature required by person who is an authorized signer on the account listed in Section 2. Date

(X) _____ _____

Please print name of person who signed above. Family ID

02/09/09