

**NOTE:** Registration fees shall be paid at the time of enrollment. Tuition Payment #1 shall be delivered at the time of registration with a postdated check given at time of registration or by June 3<sup>rd</sup> 2017 with Automatic Authorization. Please fill the information in the box below:

Payment Method	Fees Associated with this payment method
Cash	No Fees
Checks	No Fees
Money Orders	No Fees
Bank Cards or Checks on file with Automatic Payments	No fees
Bank Cards payments in person at the front office	There will be an additional 3% for each transaction per the amount

## Automatic Payment Authorization Form

I authorize Crescent View Academy to make:  One-Time Payment \_\_\_\_\_  
 Recurring monthly tuition payments \_\_\_\_\_  
*Amount from Section C Below*

### COMPLETE ONE SECTION ONLY

**Section A: Bank Account**

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

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

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Bank \_\_\_\_\_ Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  Checking  Savings

Routing Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

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

**Section B: Bank Card** *[American Express & Discover Cards will have 3% Fee]*

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

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

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Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

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Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Administrative Use Only**

Date Received: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**Section C: Student Tuition** **TOTAL: \_\_\_\_\_**

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

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Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

*I hereby authorize Crescent View Academy to initiate credit card charges to the above-referenced account Section B OR, initiate debit (ACH) entries to my checking or savings account indicated above (Section A). To properly affect the cancellation of this agreement, I am required to give 10 days written notice. \_\_\_\_\_ Initial.*