

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 3rd 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

Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Bank _____ Bank Address _____ City _____ State _____ Zip _____

_____ Checking Savings

Routing Transit Number _____ Account Number _____

Authorized Signature _____ Date _____

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

Cardholder Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Account Number _____ - _____ - _____ Exp. Date _____ CVV _____

Cardholder Signature _____ Date _____

For Administrative Use Only

Date Received: _____

Employee Signature: _____

Section C: Student Tuition **TOTAL: _____**

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

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

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

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.