



SAN RAMON VALLEY CHRISTIAN ACADEMY

Nurturing the heart, mind, body & soul for the glory of God.

Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize payments to be made from your checking/savings account or charges to your credit card for tuition and additional program fees for Afterschool Care and Resource. You will automatically be charged each month and agree that no prior-notification will be provided.

Please complete the information below:

I (we) _____ (full name) authorize San Ramon Valley Christian Academy to Debit my Checking/Savings

Account or Charge my Credit Card on or around the 5th calendar day of each month for payment of tuition. Additional Program fees, Afterschool Care and Resource, will be charged mid-month as applicable. I (we) understand this does not cover classroom fees, enrollment, or Parent fees. This authorization will remain in effect for as long as my student(s) is enrolled at San Ramon Valley Christian Academy.

Debit Bank Account

Checking Savings

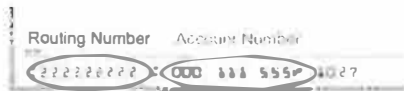
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Please attach a voided check (recommended)

No fees to use this service

Charge to Credit Card

Visa MasterCard

Credit Card # _____

Exp. Date _____

Security Code _____

Cardholder Name _____

Billing Address _____

City, State, Zip _____

Phone# _____

Email _____

Convenience fee applies

SIGNATURE _____

DATE _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) 15 days prior to its termination to afford Company a reasonable opportunity to act on it. I (we) also understand that, in the event of a refusal of payment from bank account or credit card company for *any* reason, Company will charge my (our) account a \$50.00 service charge.