

# PORTLAND JEWISH ACADEMY

At the Schnitzer Family Campus | Think for yourself. Work for the world.

2024-2025 School Year

Dear Parents/Guardians:

Welcome to Portland Jewish Academy's Afterschool Programs and the 2024-25 school year. I'm Beth Germain, the Chief Financial Officer at PJA. We are a non-profit and in order to keep fees reasonable we do not budget for profits that we can carry over from year to year as a buffer. We simply cover our costs and 83% of our expenses are for salaries and benefits.

## Why am I telling you this?

To emphasize that cash flow on this tight budget is very important. Please be timely in your payments as they pay our teacher's salaries. Payments are due on the 15<sup>th</sup> of the month.

**Late charges of up to 1.5% will be assessed after the last day of the month.**

**Service will be discontinued for non-payment.**

The payment schedule for our PJA Afterschool programs is:

**July (for September's tuition) then October-May**

The included forms authorize EITHER a monthly credit/debit card charge OR a monthly withdrawal from your bank account. If you are interested in either of these options, please fill out ONLY the form that would apply, do NOT complete both forms!

**If you have a form on file for the 2023-24 school year it will NOT be applicable past June 30, 2024.**

**We will need a new form for authorization for charges in this new school year.**

- Credit/Debit cards (Visa and MasterCard only) will normally be charged within the **first few business days** of the month.
- The direct payment from your bank account can occur on either **the 5<sup>th</sup> or the 20<sup>th</sup> of the month**. Please indicate when you would like the payment to be withdrawn.

Please feel free to give me a call at 503.535.3593 or you may contact me via e-mail at [bgermain@pjaproud.org](mailto:bgermain@pjaproud.org), if you have any questions.

Thank you,

Beth Germain, Chief Financial Officer

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2% will be added to all Credit/Debit card transactions to cover processing costs

## Portland Jewish Academy Tuition Contract For Automatic Monthly Credit Card Debit

The undersigned hereby authorizes Portland Jewish Academy to use the MasterCard or Visa account below to make automatic tuition payments on the first business day of each month in accordance with an existing tuition contract.

Parent/Guardian's Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

School Year: 2024-25 Afterschool Program: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Second phone: \_\_\_\_\_ Email: \_\_\_\_\_

I authorize charging my credit card for registration fees (\$100 per family)

I authorize charging my credit card for monthly tuition, Vacation Care fees, and other incurred fees such as finder's, late pick-up, or drop-in fees.

I authorize charging my credit/debit card for a one-time amount of \$\_\_\_\_\_.

I understand I will need to submit a new form, check or money order payment for future charges.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Visa

MasterCard

Card# \_\_\_\_\_

Security Number on back of card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Zip Code: \_\_\_\_\_

This form is valid July 1, 2024 through June 30, 2025

# PORTLAND JEWISH ACADEMY

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There is NO additional fee on automatic monthly direct payment from Checking or Savings Account

## Portland Jewish Academy Tuition Contract For Automatic Monthly Direct Payment from a Checking or Savings Account *Sterling Savings Bank*

I hereby authorize Portland Jewish Academy ("the Company") to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly bills to the Company. This authorization will remain valid until I, the Company, or my financial institution revokes it.

I can suspend payment of a monthly bill by notifying the Company at any time prior to 4:00 p.m. three business days before the payment is scheduled to be deducted from my account. I understand that two or more suspensions in a 12-month period will result in cancellation of my participation in the Direct Payment program.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of the Company or my financial institution with respect to each other. I further understand that the Company and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it. If I wish to discontinue my participation in the Direct Payment plan, I may do so by notifying the Company.

Name of Financial Institution	<input type="checkbox"/> Checking	Bank Routing Number	Bank Account Number	Fixed Amount (Optional)
	<input type="checkbox"/> Savings			

Account Holder Signature

Date

Joint Account Holder Signature

Date

For the Company to verify bank account and routing numbers, account holders should attach a VOIDED CHECK for each account holder account to be debited. The Company and account holders should retain completed copies of this form for their records.

**THIS FORM IS FOR THE COMPANY/ACCOUNT HOLDER USE ONLY**  
**It is not required to forward copies to Sterling Savings Bank**

Parent/Guardian Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Afterschool Program: \_\_\_\_\_ School Year: **2024-2025**

Primary Phone \_\_\_\_\_ Email: \_\_\_\_\_

Choose Date:  5<sup>th</sup> or  20<sup>th</sup>

This form is valid July 1, 2024 through June 30, 2025