



Molly's Christian Academy

Automated Bank Draft Authorization Form

Simple Payment Option (Automatic Bank Draft). Monthly premium charge can be withdrawn directly from your personal checking account. The premium will be deducted according to one of the following plans:

Plan A - Choose to pay the full annual tuition by Sept 1st, but no later than Sept 5th. Late fees of \$25 for the first day and \$5 each additional day will be assessed after the tuition falls into a late payment status.

Date payment to be deducted (1st-5th) = _____

Plan B - Choose to pay bi-monthly which would be 50% of cost due by the 1st, but no later than the 5th of each month. The remaining 50% will be due by the 15th, but no later than 20th of each month. Late fees of \$25 for the first day and \$5 each additional day will be assessed after the tuition falls into a late payment status.

Dates payments to be deducted (1st-5th/15th - 20th) = _____/_____

Plan C - Choose to pay weekly. Payments are due on Monday of each week and will be considered late after Friday. Late fees of \$25 for the first day and \$5 each additional day will be assessed after the tuition falls into a late payment status.

Dates payments to be deducted (4 separate dates) = ____/____/____/____

Voided check must be attached to this form

I understand that by requesting the automatic payment option, I am authorizing Molly's Christian Academy, and my financial institution named above, to debit my checking account for my monthly premium payment(s).

I understand that the premium withdrawn from my account will be for the billing period, plus any past due balances. I understand that my premium payments will automatically adjust if my monthly premium changes.

This authority is to remain in effect until revoked by me in writing and, until Molly's Christian Academy actually receives such notice, I agree that Molly's Christian Academy shall be fully protected in honoring any such debit. (*Note: A 30-day notice is required to discontinue this service due to the time required to initiate this change with our bank.*)



Molly's Christian Academy

I understand that if there are insufficient funds at the time my account is debited, a service fee of \$25.00 (in addition to any fees our bank may charge Molly's Christian Academy) will be assessed by Molly's Christian Academy for all dishonored payments. I further agree that if any such debit is dishonored, whether with or without cause and whether intentionally or inadvertently, Molly's Christian Academy shall be under no liability whatsoever.

Signature of account holder: _____

Date: _____

Simple Payment Option (Automatic Bank Draft).

All future premiums due may be paid by Automatic Bank Draft (please complete form above).

First name (as on card):	Middle (as on card):	Last name (as on card):	Card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Account number (16 digits, complete):	Expiration date (mm/yyyy):		Cardholder's email address:	
Billing address:		City:	State:	ZIP ¹ :

As a convenience, I request and authorize Molly's Christian Academy to charge my credit card account identified above for the payment of my initial premium. This authority is to remain in effect until revoked by me in writing and, until Molly's Christian Academy actually receives such notice, I agree that Molly's Christian Academy shall be fully protected in honoring any such charge. I further agree that if my credit card is declined for payment, whether with or without cause and whether intentionally or inadvertently, I will be charged a \$25.00 service charge.

The ZIP code must match the cardholder's address; otherwise, the credit card cannot be processed.

Signature of credit card account holder (*required to process*):

_____ **Date:** _____