

SUMMIT CHRISTIAN ACADEMY
Mailing: PO BOX 2769; CEDAR HILL, TX 75106-2769
Shipping: 1111 Valerie, Cedar Hill, TX 75104
1-800-362-9180 OR (469) 523-0100
FAX: (469) 523-0104 or E-mail: info@scahomeschool.com

AUTHORIZATION AGREEMENT and TUITION PAYMENT POLICY

If you choose a payment plan, payment will be made by Automated Bank Draft or Credit Card authorization only. The Bank Draft or Credit Card charge will be done on the 2nd or 16th of the month.

SELECT PAYMENT PLAN OPTION (choose one option only):

_____ Payment in full- due within 60 days of enrollment

Or
_____ 1st Payment -34% of Total Tuition -Due after placement and before curriculum is shipped (due within 60 days of enrollment)

_____ 2nd Payment- 33% -of Total Tuition due in 45 days

_____ 3rd Payment- 33% of Total Tuition -Balance due in 90 Days

• **Please check appropriate box:**

I (we) hereby authorize **Summit Christian Academy, Inc.**, herein after called **Company**, to initiate debit entries to my (our):

(Select one): **Checking Account** _____, or **Savings Account** _____, or **Charge My Credit Card:**

MasterCard _____, **Visa** _____ or **Discover** _____.

This transaction will take place on the (select one) 2nd _____ or the 16th _____ of the month payment is due. **THERE WILL BE NO BILLING.**

Indicate below the depository (bank), hereinafter called Depository, to debit the same to such account.

Depository (bank) Name: _____

Branch _____

City, State, Zip (of bank) _____

Transit/ABA # _____

(This is the 9-digit number located by your bank account number on your checks)

Account # _____

Social Security # _____

A VOIDED CHECK IS REQUIRED IF YOU CHOOSE THE BANK DRAFT OPTION

(Mail this with your first payment)

COMPLETE THE FOLLOWING INFORMATION IF YOU ARE AUTHORIZING THE COMPANY TO CHARGE YOUR CREDIT

Credit Card #: _____ - _____ - _____ - _____ **Expiration Date: (Month/Year):** _____

This authority will be enforced and remain effective until Company has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford Company and Depository a reasonable opportunity to act on it.

I (we) understand that there is a full tuition refund from the date of enrollment for 45 days. On the 45th day, I (we) will be responsible for the full year tuition amount.

In case of default of payment, I (we) will have 10 days from date of notification to pay default amount. After 10 days, the default amount will be turned over for collection, and I (we) will be responsible for all collection fees. The default amount can become a part of my (our) credit record.

By signing, I (we) agree with the TUITION PAYMENT POLICY AND AUTHORIZATION AGREEMENT.

PARENT/GUARDIAN NAME (S): (Please print) _____

STUDENT NAME (S): 1) _____, 2) _____, 3) _____

BY: _____ AND/OR _____
(Authorized Signature) (Authorized Signature)

DATE: _____

• If parent/guardian or student does not honor these terms, the student(s) records will not be released until the outstanding balance is paid.