

Payment Method

PARENT NAME (LAST, FIRST)

PLEASE COMPLETE ONE FORM PER FAMILY.

Please choose the payment method that you would prefer to use to pay the PBA tuition and fees for the upcoming school year.
All information below will be held in strict confidence.

FULL PAYMENT

FULL PAYMENT METHOD

- I choose to pay in full by March 1 to receive a 10% discount.
- I choose to pay in full by August 2 to receive a 6% discount.

Payment may be in the form of check, credit card, money order, or cash.

SIGNATURE OF FINANCIALLY RESPONSIBLE PERSON

____/____/____
DATE

Note: Also select one of the two methods below for lunchroom and other fees and charges incurred during the school year.

BANK AUTO-DRAFT

MONTHLY PAYMENT BY BANK AUTO-DRAFT

- I choose to pay by having my bank account automatically drafted each month.

I hereby authorize Peoples Baptist Academy to initiate entries to my checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Peoples Baptist Academy is notified by me in writing to cancel it in such time as to afford Peoples Baptist Academy and the financial institution a reasonable opportunity to act on it.

NAME OF FINANCIAL INSTITUTION

LOCATION OR BRANCH

An auto-draft of your full statement balance will be processed on the 15th of each month.

FINANCIAL ROUTING NUMBER

CHECKING / SAVINGS ACCOUNT NUMBER

Note: Please attach a voided check to this form to verify the Checking Account Number and the Financial Routing Number.

ACCOUNT HOLDER'S NAME AS IT APPEARS ON THE ACCOUNT

SIGNATURE OF FINANCIALLY RESPONSIBLE PERSON

____/____/____
DATE

CREDIT CARD

MONTHLY PAYMENT BY AUTO-CHARGE ON CREDIT CARD

- I choose to pay by having my credit card automatically charged each month.

I hereby authorize Peoples Baptist Academy to charge the credit card listed below. This authority will remain in effect until Peoples Baptist Academy is notified by me in writing to cancel it in such time as to afford Peoples Baptist Academy a reasonable opportunity to act on it.

NAME ON CREDIT CARD

□□□□□□

BILLING ADDRESS FOR CREDIT CARD

ZIP CODE

Card Type: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Account Number: □□□□ □□□□ □□□□ □□□□

□□/□□

EXPIRATION DATE

A credit card charge of your full statement balance will be processed on the 15th of each month.

SIGNATURE OF FINANCIALLY RESPONSIBLE PERSON

____/____/____
DATE