Auto Pay - Automatic Fund Transfer Program

Please deduct charges from my bank account, or charge my debit/credit card the amount specified with my monthly statement on the 27th of each month (or the next business day if 27th falls on a weekend). For the Bank Transfer option, this authorization is the same as if I had personally signed a check.

- *I understand that my Auto Pay payment will remain in effect from September to May (unless other arrangements are made with UCA Business office staff).*
- *I understand that UCA will mail monthly statements to me by the 20th of each month. I will have a few days to review charges before payment is withdrawn.*
- *Transactions will show on my statement as payments to Upper Columbia Academy.*

Parent Name:_____ Student Name:_____

Daytime Phone: _____Email: _____

Please provide info for your chosen payment method below:

BANK TRANSFER: **Voided check must be attached**

Bank: _____

Account #: _____Routing #: ___ ___ ___- ___ ___ ___- ___ ___ ___

First nine numbers of the encoded line at bottom of check

_____ _____

Parent/Guardian Signature Date

CREDIT/ DEBIT **Card Type:** ○ **Visa** ○ **Mastercard** ○ **AMEX** ○ **Discover**

Name on Card: _____

Card Number: _____ Expiration Date: _____

_____ _____

Parent/Guardian Signature Date

Note: A 1% processing fee will be added to your student's account with the Credit/Debit card option

MONTH-IN-ADVANCE OPTION (Cash / Check)

I agree to pay the monthly tuition/room/board charges (as estimated from Financial Estimate Worksheet) by the 27th of each month, one month in advance. The Sept. payment will be due by Registration Day.

_____ _____

Parent/Guardian Signature Date