

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 June (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 I will have a few days to review charges before payment is withdrawn including extra charges.*
- *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 #: _____ - _____ - _____ <i>First nine numbers of the encoded line at bottom of check</i>
_____	_____
Parent/Guardian Signature	Date

CREDIT/ DEBIT	Card Type: <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> AMEX <input type="radio"/> 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 27 th of each month, one month in advance. The Sept. payment will be due by Registration Day.	
_____	_____
Parent/Guardian Signature	Date