



# Emerald Christian Academy

## ACH/CC Authorization Form

Valid Upon Signing through June 2022

This form must be completed & signed to authorize transactions for tuition payments, incidental expenses, fees, etc. at ECA during the 2021-2022 school year.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature authorizing auto-withdrawal

*I understand that this authorization is to remain in full effect until Emerald Christian Academy has received written notification from me of its termination in such time and manner as to afford ECA reasonable opportunity to act on it.*

**Include the email address & phone number for the family member who is to receive communication regarding transactions. Notification of upcoming transaction & tuition bill will be sent to this email.**

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

**Student Name(s):**    1 \_\_\_\_\_

3 \_\_\_\_\_

2 \_\_\_\_\_

4 \_\_\_\_\_

<b>PLEASE CHOOSE ONE</b>	<b>Credit/Debit Card</b>		
	Print name as it appears on card: _____		
	Check Card Type: Visa / MC / Discover / AmEx		
	Card number: _____		
	Exp. Date: _____		
	Security Code/CVV (3-digits on back): _____		
	Address:		
	_____		_____
	Street address	Unit # (if applicable)	
	_____	_____	_____
City	State	Zip Code	
<b>Checking/Savings Account (ACH)</b>			
Printed Account Name (as it appears on the account): _____			
Routing Number: _____		Account Number: _____	
_____			
Bank Account Type (Select One):    Checking    Savings			

**Maximum amount you authorize ECA to withdraw in one (1) month:** \$ \_\_\_\_\_

This amount must be large enough to cover your agreed monthly tuition payment. If not known, it can be left blank until the Agreement is signed. Incidental charges will be verified & authorized with signer before being charged.

**Check the preferred date for your monthly tuition withdrawal:** 5th            OR 20<sup>th</sup>

**Office Use Only**

Account # \_\_\_\_\_