



**Automatic Bank Payment Authorization
For Tuition Payments
2018-2019 Academic Year**

Student(s): (1) _____ (2) _____ (3) _____

I hereby authorize **City Academy** to electronically debit my bank account below for the tuition payment(s) identified in the attached Tuition Payment Agreement

 Checking/ Savings (select one) at the financial institution named below. I (we) agree that ACH transactions I (we authorize comply with all applicable law.

Name(s) on Account: _____ Phone: () _____
 Address: _____ City/State/Zip _____
 SSN: _____ Drivers License Number _____
 Bank Name: _____
 Address on Account: _____ City/State/Zip _____
 (if not same as above)
 Routing Number: _____ Account Number: _____

**Frequency of Debits (July 2018 – August 2019)
Monthly Tuition Amount \$ _____**

Choose an option below for monthly debits

5th of each month \$ _____ 15th of each month \$ _____ 30th of each month \$ _____

OR

Bi-Weekly \$ _____ 15th and last of each month \$ _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify **City Academy** in writing/by email that I (we) wish to revoke this authorization. I (we) understand that **City Academy** requires at least 5 business days prior notice in order to cancel this authorization.

Payment must be made via cash or money order immediately upon notification of failure of an automated payment due to insufficient funds or any other reason. A \$25 service fee will be charged for any automated transfer which fails. This agreement for the automated payment of tuition is automatically cancelled upon the second occurrence of a failed transfer.

Signature of Parent/Authorized Signor

Signature of Parent/Authorized Signor

Date

Date