

Liberty Christian Academy
School Grades 1 – 12

Financial Agreement 2008 – 2009

Directions:

Please indicate your choice of payment schedule by initialing beside *one* option listed below. If you choose a monthly payment plan, you will also need to complete the following steps:

1. Indicate your choice of transaction date by initialing in the designated area.
2. Turn this sheet over and complete *both* credit card *and* bank information.

Payment Options:

Option 1: Annual Payment – Prepay full tuition by August 15th. Reflects 3% discount off total yearly tuition.

- Check
- Cash
- Preauthorized Credit Card (5% will be added to the total amount)

Option 2: Semi-Annual Payments – Two equal payments due by August 15th and by January 15th.

- Check
- Cash
- Preauthorized Credit Card Charge (5% will be added to each transaction)

Option 3: Twelve-Month Payment Plan – Payments beginning in June reflect total amount due divided into 12 or 24 payments.

- Preauthorized Account Deduction
- Preauthorized Credit Card Charge (5% will be added to each transaction)

Option 4: Eleven-Month Payment Plan – Payments beginning in July reflect total amount due divided into 11 or 22 payments.

- Preauthorized Account Deduction
- Preauthorized Credit Card Charge (5% will be added to each transaction)

Option 5: Ten-Month Payment Plan – Payments beginning in August reflect total amount due divided into 10 or 20 payments.

- Preauthorized Account Deduction
- Preauthorized Credit Card Charge (5% will be added to each transaction)

Please initial the transaction date of your choice should you choose a monthly payment option (options 3 –5):

- 4th Day of Each Month** **19th Day of Each Month**
- Twice-Monthly Payments on the 4th and 19th Days of Each Month**

Mid-Year Enrollment Payment Plan – Payments beginning the first month of enrollment reflect total amount due divided into a determined number of payments. Full payments must be completed by May. Please indicate choice of transaction date by initialing in the above designated area.

- Preauthorized Account Deduction
- Preauthorized Credit Card Charge (5% will be added to each transaction)

Number of payments: _____ Payments beginning: _____

Total tuition due: _____ Monthly payment amount: _____

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Preauthorized Payment Consent Form

Preauthorized Credit Card Charge:

I (we) hereby authorize Liberty Christian Academy (hereafter referred to as "LCA") to initiate recurring credit/debit card charges to the below referenced credit/debit card account for the purpose of collection of tuition related payments. I (we) understand that the charges to the below referenced credit/debit card account will be based on charges that are *due and payable* at the time of the credit card transaction. I also understand that a 5% transaction fee will be added to each transaction. I understand that this agreement is between myself (us) and LCA. I further understand that LCA utilizes Pay Pal to bill all credit/debit cards. Therefore, I hereby indemnify and hold harmless, LCA from any and all liability resulting from any and all single and/or recurring transactions. ***I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give LCA written notice of revocation. A minimum of 10 business days is required to affect revocation.***

Visa MasterCard American Express Discover

E-mail: _____

Cardholder Name

Account Number

Cardholder Billing Address

Expiration Date

City State Zip Code

Cardholder's Signature

CVV Number:

For Visa, MasterCard, and Discover Card: The CVV Number is a three digit security code printed on the back of your card. The number appears in reverse italic at the top of the signature panel at the end.

For American Express: The CVV Number is a 4 digit number found on the front of your card.

Preauthorized Account Deduction:

- Please provide credit card information when choosing Preauthorized Account Deduction.
- Please attach a voided check from the account to be drafted – deposit slips are not accepted.

Name on Account

Bank or Credit Union Name

Street Address

Routing Transit Number

City State Zip Code

Account Number

I (we) hereby authorize a recurring bank draft on the account designated by the attached voided check. I (we) understand the transaction will occur on the date(s) of each month that I have indicated. I (we) understand that if I (we) choose the Preauthorized Account Deduction, that credit card information is still required. In the event that my account becomes delinquent or a payment is returned, I (we) agree to pay the fees outlined in the Delinquent Account and Returned Payment Policies. This amount may be charged to my credit card as outlined in the same policies.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Please keep a copy of the financial agreement for your records. You may want to use the copy as a prompt to record your Pre-Authorized payments each month.