



EXTENDED DAY CARE AUTOMATIC PAYMENT AGREEMENT 2019 - 2020

I/We hereby authorize Seacoast Christian Academy, Inc. to initiate debit entries to my {our} Bank Account or Credit Card Account indicated below. This authorization will remain in effect until I notify the Accounting Department in writing that I no longer desire this service, allowing the Accounting Department reasonable time (7 day notice) to act on my notification. It is my responsibility to notify Seacoast of any problems or changes to the Account information provided herein. **Notification of changes must be submitted with an Extended Day Care Program Automatic Payment Agreement Change of Status Form.**

Student Name: _____ RENWEB: _____

Responsible Party: _____

Social Security Number: _____

Street Address: _____

City, State, Zip: _____

Amount of monthly charge to my Bank Account or Credit Card: _____

Scheduled date of 1st payment: _____ (Must be at least two weeks after the completion of this form. All payments will be scheduled for the 1st day of the month.)

Credit Card Payment

Name as it appears on credit card: _____

Account Number: _____ Expiration Date: _____

Signature of credit card holder: _____ Card Security Code: _____

Automatic Bank Payments

Bank Name: _____

Routing Number: _____

Account Number: _____

Bank Telephone Number: _____

Checking

Please attach a voided check (deposit slips do not have complete information).

Savings

Please provide savings account number and bank routing number.

TERMS AND CONDITIONS

By signing this agreement, the responsible party guarantees he/she is an authorized signer of the account provided. The responsible party acknowledges that the obligation of the transaction to his/her account must comply with the provisions of U.S. Law. The responsible party understands all payments will be deducted on the 1st day of the month. If the payment due date falls on the weekend or a Holiday observed by the Federal Reserve, the payment will be attempted on the next business day. The responsible party understands that a \$40 missed payment fee will be charged for any payments attempt that is missed, and that he/she will be required to make any missed payments by delivering a Cashier's Check or Money Order payable to Seacoast Christian Academy for the amount of the missed payment fee. It is our Policy to protect all information provided to us. This agreement shall be governed by the laws of the State of Florida.

Responsible Party Signature: _____ Date: _____

School Representative Signature: _____ Date: _____