

Renaissance Classical Christian Academy

6427 Cliffdale Road
Fayetteville, NC 28314
(910) 221-0400

AUTOMATED DRAFT AUTHORIZATION

PLEASE COMPLETE THE FOLLOWING AUTHORIZATION AND RETURN WITH A VOIDED CHECK

I, hereby, authorize Renaissance Classical Christian Academy (RCCA) to draft my bank account, as recorded below, for school fees of the following student(s):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Bank Name: _____

Name on the Account: _____

Routing Number (ABA#): _____

Account Number: _____

Type of Account: (check one) Checking Savings

YOUR ACCOUNT WILL BE DRAFTED ON THE 5TH OF EVERY MONTH, AUGUST 2017 THROUGH MAY 2018

School Fees to be applied: (please check what applies)

Date

Initials

- | | | |
|---|-------|-------|
| <input type="checkbox"/> First Student Monthly Tuition \$ _____ | _____ | _____ |
| <input type="checkbox"/> Second Student Monthly Tuition (15% Discount) \$ _____ | _____ | _____ |
| <input type="checkbox"/> Third Student Monthly Tuition (15% Discount) \$ _____ | _____ | _____ |
| <input type="checkbox"/> Fourth Student Monthly Tuition (15% Discount) \$ _____ | _____ | _____ |
| <input type="checkbox"/> School Care 1 Child: \$ 180.00 | _____ | _____ |
| <input type="checkbox"/> School Care 2 Children: \$ 330.00 | _____ | _____ |
| <input type="checkbox"/> School Care 3 Children: \$ 450.00 | _____ | _____ |
| <input type="checkbox"/> School Care 4 Children: \$ 540.00 | _____ | _____ |
| <input type="checkbox"/> Other Authorized and Agreed Fee: | _____ | _____ |

Specify: _____

I understand that this authorization will remain in effect until May of 2018.

Signature

Date