

# 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 5<sup>TH</sup> OF EVERY MONTH, AUGUST 2018 THROUGH MAY 2019**

**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 2019.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date