



DIRECT DEBIT AUTHORIZATION SCHOOL YEAR 2021-2022

Name (please print): _____

WA Account Number: _____

I authorize Wesleyan Academy to register debit entries the 15th of each month from my bank account in the financial institution mentioned below, for the following payments:

| PAYMENT SCHEDULE | |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>(You may not uncheck or alter this form.)</i> | |
| <input checked="" type="checkbox"/> | 1) Re-enrollment Fee <i>(Due on March 5, 2021)</i> |
| <input checked="" type="checkbox"/> | 2) Tuition: (SELECT ONE TUITION PLAN BY MARKING TO THE LEFT OF YOUR CHOICE.) |
| | (1) Installment Tuition Plan <i>(7% disc. / Due on or before July 15, 2021)</i> |
| | (2) Installments Tuition Plan <i>(5% disc. / 1st deduction on or before July 15 and 2nd deduction on or before Dec. 15, 2021)</i> |
| | (10) Installments Tuition Plan <i>(Due on the 15th of each month; from July 1st, 2021 to April 15, 2022)</i> |
| <input checked="" type="checkbox"/> | 3) Building Fund: (SELECT ONE PAYMENT PLAN BY MARKING TO THE LEFT OF YOUR CHOICE.) |
| | (1) Installment Payment Plan <i>(Due on July 15th)</i> |
| | (3) Installments Payment Plan <i>(Due the 15th of each month; March, May, July)</i> |
| | (5) Installments Payment Plan <i>(Due the 15th of each month; from March-July)</i> |
| <input checked="" type="checkbox"/> | 4) Annual Family Fee <i>(Due on July 15th)</i> |
| <input checked="" type="checkbox"/> | 5) Annual Student Fees <i>(Due on July 15th)</i> |
| <input checked="" type="checkbox"/> | 6) Graduation Fee <i>(Due on July 15th) - Kinder and 12th grade ONLY</i> |

Bank Name: _____

Bank Account Number: _____

Bank Routing & Transit #: _____

Account Type: _____

I understand that Wesleyan Academy reserves the right to terminate this payment method and my participation in this program. Any edits or re-formatting of this form renders it null and void.

I understand that if the debit is returned by the bank, Wesleyan Academy will charge a \$30.00 fee and will request an alternate payment method to replace the payment.

Client Signature: _____

Date: _____

Contact Phone Number: _____



CREDIT CARD AUTOMATIC PAYMENT CONSENT FORM SCHOOL YEAR 2021-2022

WA Account Number: _____

I, _____
(PRINT NAME) authorize Wesleyan Academy to automatically process payments for the following charges, from the credit marked below:

AMEX VISA Mastercard Discover

| PAYMENT SCHEDULE (You may not uncheck or alter this form.) | |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 1) Re-enrollment Fee (Due on March 5 th , 2021) |
| <input checked="" type="checkbox"/> | 2) Tuition: CHOOSE ONE PAYMENT PLAN FROM BELOW |
| | (1) Installment Tuition Plan (7% disc. / Due on or before July 15, 2021) |
| | (2) Installments Tuition Plan (5% disc. / 1 st deduction on or by July 15 and 2 nd deduction on or by Dec. 15, 2021) |
| | (10) Installments Tuition Plan (Due the 15 th of each month; from July 1 st 2021 to April 15, 2022) |
| <input checked="" type="checkbox"/> | 3) Building Fund: (SELECT ONE PAYMENT PLAN BY MARKING TO THE LEFT OF YOUR CHOICE.) |
| | (1) Installment Payment plan (Due on July 15 th) |
| | (3) Installments Payment plan (Due the 15 th of each month; March, May, July) |
| | (5) Installments Payment plan (Due the 15 th of each month; from March-July) |
| <input checked="" type="checkbox"/> | 4) Annual Family Fee (Due on July 15 th) |
| <input checked="" type="checkbox"/> | 5) Annual Student Fees (Due on July 15 th) |
| <input checked="" type="checkbox"/> | 6) Graduations (Due on July 15 th) - Kinder and 12 th grade ONLY |

I understand that Wesleyan Academy reserves the right to terminate this payment method and my participation in this program. Any edits or re-formatting of this form renders it null and void.

All payments will be processed on the day that the charge is due. If for any reason the credit card company does not authorize the charge, the cardholder will be responsible for any applicable bank fees and a \$30 late fee due to Wesleyan Academy.

| | |
|-----------------------|--|
| Credit Card Number: | |
| Expiration Date: | |
| Security Code: | |
| Contact Phone Number: | |
| Cardholder Signature: | |

Client Signature: _____

Date: _____

Contact Phone Number: _____