

PILLARS PREPARATORY ACADEMY

A Strong Foundation for Success

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town), eliminate late charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your bank account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank/credit card statement as an "ACH Debit". You agree that notice from us at least 10 days prior to the payment being collected.

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	(Last)	(First)	
I (Last) (Firs	author	ize Pillars Preparatory Academy to charge my debit/credit	card.
		of each month for payment of my agreed monthly tu	iition
First billing month:			
First billing montr	1;	Last billing month:	
Billing Address: _		Mobile Phone:	
()	Street)	(Apt. #)	
(City)	(State)	(Zip Code) Email:	
□ V7SA	☐ MasterCord.	☐ Debit Card	
Cardholder Name:			
Credit Card #:			
Expiration Date: _			
Card Verification	Value:	.	
SIGNATURE:		DATE:	

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify Pillars Academy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date, If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/saving account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Pillars Academy may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$50 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company, so long as the transaction correspond to the terms indicated in this authorization form.