

NCAA



Nashville Christian Advancement Academy

FINANCIAL CONTRACT

I authorize Nashville Christian Advancement Academy to initiate ten (10) debit entries to withdraw from my account described below. PLEASE PRINT

Student Name: _____ Grade: _____ Amount per month: _____

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Student Name: _____ Grade: _____ Amount per month: _____

Parent/Guardian Name: _____ Daytime telephone: _____

Email address: _____ Cell phone: _____

Account Type (select one): _____ Checking or _____ Savings

Name on Bank Account: _____

- ✓ For withdrawal from a checking account, a voided check must be enclosed with this form.
- ✓ For withdrawal from a savings account, please obtain the correct routing number from you financial institution and a voided savings withdrawal ticket must be enclosed with this form.

Withdrawal Date: The 2nd business day of each month

Total monthly authorized automatic payment amount: \$ _____ per month for 10 months for a total cumulative payment of \$ _____.

I fully understand that this is a binding contract and agree to obligate myself to the terms.

1. Tuition must be paid monthly or annually @ 5% discount.
2. Monthly payments are due on the first day of each month
3. Any charges in excess of the monthly automatic payment are due by the 10th of the month.
4. All payments receive after the 10th of the month must be accompanied by a \$10.00 late fee.
5. This authority is to remain in full force until a written notification 30 days prior is received to terminate.

Parent Signature: _____ Date: _____ School Official: _____ Date: _____