

# PAYMENT AUTHORIZATION FORM

## New Song Christian Academy

1291 Cornet Street, Henderson NV 89052

Phone: (702)492-1771 Fax: (702)294-1571

EIN: 86-1049639



|   |           |   |               |
|---|-----------|---|---------------|
| <b>Type of authorization</b><br><input type="checkbox"/> New authorization<br><input type="checkbox"/> Change payment amount<br><input type="checkbox"/> Change payment date  |           | <b>Student Name</b> _____<br><b>Effective date</b> _____<br><input type="checkbox"/> Change bank information<br><input type="checkbox"/> Discontinue electronic deduction |               |
| Last Name   |           | First Name  |               |
| Address   |           |   |               |
| City  |           | State   | Zip           |
| Email   |           |   | Phone         |
| <b>Tuition Payments</b> (please check one box)  |           |   |               |
| <input type="checkbox"/> <b>OPTION 1 : Installments</b> Tuition will be deducted on the <u>first day</u> of each month.   |           |   |               |
| First payment amount  | \$ 460.00 | Date of first payment   | 09/01/18      |
| Ongoing payment amount  | \$ 460.00 |   |               |
| Last payment amount<br>(if different)   | \$ 460.00 | Date of last payment  | 05/01/19      |
| <input type="checkbox"/> <b>OPTION 2 : Prepaid Tuition</b> \$ 3,940.75 Payment date 09/01/18  |           |   |               |
| <b>One-off Payments</b> (payment will not be deducted unless the box is checked to indicate consent)  |           |   |               |
| <input type="checkbox"/> Registration fee   | \$        | Payment date  |               |
| <input type="checkbox"/> Other  | \$        | Payment date  |               |
| Please debit my payment from my (check one) <input type="checkbox"/> Savings account (contact your financial institution for Routing #)<br><input type="checkbox"/> Checking account (please attach a voided check below)   |           |   |               |
|   |           | Routing number: _____<br>Account Number: _____  |               |
| <p>I authorize New Song Lutheran Church to process entries in accordance with the information above.</p> <p>I understand that I can change the details of my payment at any time in writing by completing another Authorization form, via fax to the New Song office or an email to the New Song Business Manager, at david@new.songanthem.org.</p> |           |   |               |
| <b>Authorized Signature</b>   |           |   |               |
| _____<br>Authorized Signature   |           |   | _____<br>Date |