

**Enter Your Information Here:**

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date of Birth (DOB) **or** \_\_\_\_\_  
 Social Security # (SSN): \_\_\_\_\_ (responsible parent/guardian for payment authorization)

**OPTION 1 - Recurring Automatic Payment from Checking Account**

☐ Annual (One Time) ☐ Semester ☐ Quarterly ☐ Monthly  
 (AUGUST) (AUG & FEB) (AUG, NOV, FEB & MAY) (AUG-JULY)

☐ Use **SAME** bank account on file from prior year

☐ **New** Bank account information

Depository Name (first & last): \_\_\_\_\_

Bank Name: \_\_\_\_\_

ACH Routing #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

**PLEASE ATTACH VOIDED CHECK TO THIS FORM**

I (we) hereby authorize Spring Mountain Christian Academy, hereinafter called SMCA/company, to initiate debit entries to my (our) bank account on the **14<sup>th</sup>** of the month for the selected payment option. The amount authorized to be transferred will be the amount of the payment plus any past due balance and/or applicable fees. For any changes submitted to the Enrollment Application that affect the amount, the payment amount will also be adjusted.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**I understand that thirty (30) days notice, in writing, to the COMPANY is required if I change banks and/or accounts.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Checking account owner signature required)

**OPTION 2 - Recurring Credit Card Payment**

☐ Annual (One Time) ☐ Semester ☐ Quarterly  
 (AUGUST) (AUG & FEB) (AUG, NOV, FEB & MAY)

***We accept Visa, MasterCard, American Express and Discover***

Card Holder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code #: \_\_\_\_\_

Address (must be the billing address for the credit card holder): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize Northwest Christian Education to charge my credit card on the **14<sup>th</sup>** of the month for the selected payment option amount based on the 17-18 Enrollment Confirmation.

**\* If semester and/or quarterly, this authorization will remain in effect until I notify SMCA in writing two weeks prior to the automatic charge that I wish to change and/or discontinue credit card payment option.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTION 3 - CHECKS BY MAIL - payment due on the 14th of the month for the selected payment option**

☐ Annual (One Time) ☐ Semester ☐ Quarterly  
 (AUGUST) (AUG & FEB) (AUG, NOV, FEB & MAY)

*Make checks payable to: Spring Mountain Christian Academy*

**Mail completed form and/or payment to: Spring Mountain Christian Academy, 12152 SE Mather Rd. Clackamas, OR 97015**

Questions about Payment Options? Call 503-454-0319