



**Sterling Christian Day School**

**21449 Potomac View Rd.**

**Sterling, VA 20164**

**703-430-5140**

## **Recurring Payment Authorization Form**

**Here's how recurring payments work.**

You authorize regularly scheduled changes to your checking savings account or credit card. You will be charged the amount indicated below each billing. You agree that no prior notification will be provided, unless the date or amount changes, in which case you will receive notice from us at least three days prior to the payment being collected.

**Please complete the information below.**

I \_\_\_\_\_ authorized Sterling Christian Day School to change my credit card/bank account indicated below for my weekly tuition and service fees based on my agreement.

Billian Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### **Checking/ Savings Account**

### **Credit Card**

<input type="checkbox"/> Checking    or <input type="checkbox"/> Savings	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Name on account _____	<input type="checkbox"/> Amex <input type="checkbox"/> Discover
Bank name _____	Card Holder Name _____
Account number _____	Account Number _____
Bank Routing # _____	EXP. Date _____
Bank city/state _____	CSV _____
Phone _____	Zip Code _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_