



**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**

Checking      or       Savings

Visa       MasterCard

Name on account \_\_\_\_\_

Amex       Discover

Bank name \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Account number \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

EXP. Date \_\_\_\_\_

Bank city/state \_\_\_\_\_

CSV \_\_\_\_\_

Phone \_\_\_\_\_

Zip Code \_\_\_\_\_

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

Print \_\_\_\_\_