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**Portland Jewish Academy
Tuition Contract
For Automatic Monthly Credit Card Debit**

The undersigned hereby authorizes Portland Jewish Academy to use the MasterCard or Visa account below to make automatic tuition payments on the first business day of each month in accordance with an existing tuition contract.

Parent/Guardian's Name: _____

Child's Last Name: _____

School Year: 2019-20 Afterschool Program: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Monthly amount: \$ _____

OR

A One-time approved amount: \$ _____

I also authorize charging my credit card for other charges I might incur such as Vacation Day Programs, Late and Cancellation Fees, etc.

Signed: _____ Date: _____

Visa

MasterCard

Card# _____

Security Number on back of card: _____

Expiration Date: _____

Zip Code: _____

This form is valid July 1, 2019 through June 30, 2020

PORTLAND JEWISH ACADEMY

At the Schnitzer Family Campus | Think for yourself. Work for the world.

Portland Jewish Academy Tuition Contract For Automatic Monthly Direct Payment from a Checking or Savings Account *Sterling Savings Bank*

I hereby authorize Portland Jewish Academy ("the Company") to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly bills to the Company. This authorization will remain valid until I, the Company, or my financial institution revokes it.

I can suspend payment of a monthly bill by notifying the Company at any time prior to 4:00 p.m. three business days before the payment is scheduled to be deducted from my account. I understand that two or more suspensions in a 12-month period will result in cancellation of my participation in the Direct Payment program.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of the Company or my financial institution with respect to each other. I further understand that the Company and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it. If I wish to discontinue my participation in the Direct Payment plan, I may do so by notifying the Company.

Name of Financial Institution	<input type="checkbox"/> Checking	Bank Routing Number	Bank Account Number	Fixed Amount (Optional)
	<input type="checkbox"/> Savings			

Account Holder Signature

Date

Joint Account Holder Signature

Date

For the Company to verify bank account and routing numbers, account holders should attach a VOIDED CHECK for each account holder account to be debited. The Company and account holders should retain completed copies of this form for their records.

THIS FORM IS FOR THE COMPANY/ACCOUNT HOLDER USE ONLY
It is not required to forward copies to Sterling Savings Bank

Parent/Guardian Name: _____

Child's Last Name: _____

Afterschool Program: _____ School Year: **2019-20**

Home Phone: _____ Work Phone: _____

Choose Date: 5th or 20th

This form is valid July 1, 2019 through June 30, 2020