



# **VALIANT CHRISTIAN ACADEMY**

[www.valiantca.com](http://www.valiantca.com)

**(502) 368-0080**  
**(502) 361-5179 fax**

**5627 New Cut Rd.**  
**Louisville, KY 40214**

## **Cafeteria Contract**

I \_\_\_\_\_ parent of \_\_\_\_\_

Authorize Valiant Christian Academy to debit my checking/savings account for any outstanding cafeteria charges over \$20.00 in a 30 day period. These fees may be paid with a debit/credit card that Valiant may keep on file with the exception of a \$2.00 fee. Thank you for your understanding.

Routing number \_\_\_\_\_

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

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*This form is valid for the 2022-2023 school year.**