Valiant Christian Academy

5627 New Cut Road Louisville, KY 40214

Fax (502) 361-5179 Phone (502) 368-0080 www.valiantca.com Please complete all information requested below in black or blue ink only. Any changes must be made through VCA. Re: Tuition for Please list all student names. I hereby authorize Valiant Christian Academy to initiate electronic debit entries to my account below on the (5th or 15th) business day of each month for tuition or fees. You may also make an electronic credit to my account for adjustments, if necessary. I have attached a voided check to this form so that you can confirm my account information. This agreement is for one school term (June through May) in the amount of \$325.00 per month, if registered by 03/01/22. After March 1st tuition rate will be \$335.00 per month. There is a bank setup fee of \$41.00 (yearly). Returned payment fee will be \$25.00 for ACH debit or check which will need to be paid to us by cashier's check, money order or credit card, and will also need to include the ACH debit or check that was returned. If this payment is not paid immediately there will be an additional \$10 charged every 10 days until balance is paid. _____ Checking Account _____ Savings Account Please select: Financial Institution's Name City _____ State ____ Zip Code _____ Bank Routing # _____ My Account # By signing this agreement, I guarantee that I am an authorized signer on the account provided. I hereby accept, and agree to be bound by the terms and conditions contained within this agreement. This authority is to remain in effect until Valiant Christian Academy has received written notification from me of its termination, in such a time and manner as to afford Valiant Christian Academy a reasonable opportunity to act on it. Name – Please print Signature of the person must be an authorized signer on the account. Phone number_____ Date _____

Revised November 2021