

# Hebron Christian School

A Ministry of Hebron Baptist Church

## 2024-2025 Payment Option Form

**Annual and Semi-annual payments** may be paid by cash, check or credit card.

**Monthly payments** will be accepted by bank draft ONLY.

Please make your payment selection below, then **sign** the bottom portion of this form.

**If you elect to pay IN FULL, please mark the appropriate box:**

I will pay *IN FULL* by cash/check on or before July 31, 2024

I elect to pay my *IN FULL* payment by credit card by July 31, 2024 (4% fee)

I will pay *IN FULL* by cash/check *SEMI-ANNUALLY* BY July 31 AND December 6, 2024

I elect to pay by credit card *SEMI-ANNUALLY* BY July 31 AND December 6, 2024 (4% fee)

**If you select the MONTHLY Payment Option- (Bank Draft ONLY), complete the following entirely:**

I authorize Hebron Christian School to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

The transaction amount will be \$\_\_\_\_\_ and will be drafted on the (**circle one**):

**1<sup>st</sup> of the month**

**5<sup>th</sup> of the month**

**10<sup>th</sup> of the month**

**15<sup>th</sup> of the month**

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement.

I certify that I am the authorized account holder for this checking account.

I understand this is a legal binding agreement between Hebron Christian School and myself.

I understand and agree that withdrawal of the within named student from Hebron Christian School will in no way release me from the financial obligation of this promissory note.

I understand that all returned checks/drafts are subject to a \$25.00 NSF Fee.

This agreement will remain in effect from September 2024 through May 2025. (August fees are due up front by July 31 and are not made by electronic draft. Please pay the initial invoice by cash, check or card.)

Depository Name (Bank Name): \_\_\_\_\_ Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

**Authorized Accountholder Signature (required)**

**Date (required)**

**Complete the following (required):**

Student(s)' Name : \_\_\_\_\_ Parent Name: \_\_\_\_\_

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