



SCHAUMBURG CHRISTIAN SCHOOL

# **Automatic Payment Plan**

## **Automatic Payments Debited**

*...from your Checking Account*

*or*

*...from your Credit or Debit Card*

Paying your school bill directly from your checking account via electronic funds transfer or by use of your credit card offers a no-hassle way of paying your school on time, every time and there are no late fees!



SCHAUMBURG CHRISTIAN SCHOOL

200 N. Roselle Road  
Schaumburg, IL 60194  
(847) 885-3230

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

### **How to Enroll**

1. Complete and sign the Authorization Agreement.
2. For checking account payments, attach a voided check from the account to be debited.
3. For credit card payments, please be sure to include the expiration date of your Visa, Master Card, or Discover.
4. Return the Authorization Agreement to the Business Office.

# Automatic Payment Plan

## Terms & Conditions

- ◆ All automatic credit card payments will be debited on the 1<sup>st</sup> of the month.
- ◆ Checking account auto payments may be debited on the 1<sup>st</sup>, 10<sup>th</sup>, or 20<sup>th</sup> of the month.
- ◆ Your monthly school statement will detail everything you need to know about your bill and how much will be debited from your checking account or credit card on date you selected. Your monthly school statement will be issued at least ten (10) days before the automatic payment occurs. **Do Not** mail in payments.
- ◆ Checking account automatic payments will not be in effect for 45 days from receipt of the application.
- ◆ Once enrolled in the Automatic Payment Plan, it will be in effect unless we are notified in writing requesting withdrawal. **Please notify the Business Office 30 days prior to your next payment due date.**
- ◆ In order to prevent penalties for late payment, it is your responsibility to notify the Business Office immediately in the event that your financial information changes. **Please provide us with the new bank name and account number or the information for your new credit card by the 15th of the month prior to your next payment due.**
- ◆ In the event that a payment is declined, there will be a \$30 insufficient funds fee, and you will be removed from the Automatic Payment Plan. A fee will be assessed to reinstate.
- ◆ ***Any change in checking account or charge card information during the year will incur a \$30 change fee.***
- ◆ **No late fees are assessed for payments made on the 10<sup>th</sup> and 20<sup>th</sup> through the Check Automatic Payment Plan.**

### Please check one:

- New Application
- Change to Existing Application

SCS Account Number

### AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

I hereby authorize Schaumburg Christian School and the financial institution designated to begin deductions for Automatic Payment Plan payments. I understand my Automatic Payment of the billing amount will be made each month on the designated day.

#### *For credit or debit card deductions -*

Select the credit or debit card that will be used (check one):

- Visa
- MasterCard
- Discover

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

#### *For checking account deductions (please attach a voided check) –*

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Routing Number

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

Day of month checking account payment is to be deducted (check one):

- 1st
- 10th
- 20th

This authority will remain in effect until Schaumburg Christian School and the financial institution have received written notification from me of termination in time to allow Schaumburg Christian School and the financial institution reasonable opportunity to act upon it or until SCS or the financial institution has sent me written notice of termination of this agreement. In addition I have read and understand the Terms & Conditions of the Automatic Payment Plan agreement.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip