

Recurring Payment Form

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Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, Mastercard, American Express, or Discover Card. Just complete and sign this form to get started.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

Invoice Amount divided by 9 months = monthly payment

I _____ authorize White Horse Christian Academy to charge my credit card indicated below for \$_____ on the _____ of each month for the payment on my account. Payments will begin in **September** and the last payment to pay the account in full will be made in **May**.

Records will not be released for any student with a balance on account.

Name on Card _____

Billing Address _____

Phone Number _____

Email _____

Visa **Mastercard** **Amex** **Discover**

Card Number _____

Expiration Date _____ **Security Code** _____

Signature: _____ **Date:** _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify WHCA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment will be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds will be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for any reason I understand that WHCA may at its sole discretion attempt to process the charge again and agree to an additional \$30 charge for each attempt to which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

