



SALISBURY

CHRISTIAN SCHOOL

Direct Payment Authorization for Tuition Payments, Annual Family Enrollment Fee, and Family Facility Fee (DPA)

Please Retain a Copy for Your Records

Name of Student(s): _____
SCS Account Number: _____

Beginning _____, I _____ authorize
Date Printed Name

Salisbury Christian School, 807 Parker Road, Salisbury, MD 21804
410.546.0661; businessoffice@salisburychristian.org

to initiate electronic drafts to my checking/savings account below and have agreed to the terms listed on this authorization. Any change to this draft authorization must be provided by written notification to the address or email address above and received by the Business Office at least 5 business days in advance of the scheduled draft.

TUITION PAYMENTS:

The first tuition payment for the school year is in July and the final payment for the school year is in May. I acknowledge that tuition amounts change annually and that I will be notified of the new amount in writing (via email or USPS) prior to the first draft of the new amount in July.

Monthly Payment Amount: \$ _____

Please check the option you prefer each month:

Payment Start Date: _____

_____ the 15th day of each month

_____ the last day of each month

_____ split between the 15th / last day

ANNUAL FAMILY ENROLLMENT FEE (AFEF):

As a part of continuous enrollment, the non-refundable Annual Family Enrollment Fee ensures a seat for students returning to SCS for the next school year. This fee of \$150 per family is billed to the youngest child's account on 2/15. This AFEF will be drafted from the youngest child's account on the 3rd Friday of March. After that date, the AFEF increases to \$250. Without the receipt of this AFEF, enrollment is not guaranteed for the coming school year.

FAMILY FACILITIES FEE (FFF):

An annual, non-refundable \$100 Family Facility Fee (FFF) will be billed to the youngest child's account on 9/15 and is due by the last Friday of September each year. This FFF of \$100 will be drafted from the youngest child's account on the last Friday of September.

I understand that should I desire any additional fees other than those listed on this form to be drafted from my account, I must submit the Non-Tuition Student Expenses Payment Form by the due date indicated on that form for each particular fee to be drafted from this account.

Only the following individuals are authorized to request drafts from this account:

Print Names: _____

Select Account Type:

Checking

Routing Number _____

Savings

Account Number _____

Signature: _____ **Financial Institution:** _____

PLEASE RETURN THIS FORM WITH A VOIDED CHECK OR AN ACCOUNT VERIFICATION