

# PAYMENT

## ACH Bank Draft Authorization

BRIDGES ACADEMY OF FINE ARTS AT ST. LUKE'S UNITED METHODIST CHURCH, HOUSTON

Please complete the information below for automatic deduction of tuition and fee payment(s) from the checking or savings account of your choice. Return form with a voided check if possible.

*See the opposite side (for print) or page below (for PDF) for credit/debit card authorization.  
Please complete only one page of the authorization.*

I, \_\_\_\_\_, authorize Bridges Academy of Fine Arts at St. Luke's United Methodist Church to charge my account in the frequency indicated below for payment of tuition and fees:

- One-time on \_\_\_\_\_
- Weekly installments beginning \_\_\_\_\_
- Bi-weekly installments beginning \_\_\_\_\_
- Monthly installments beginning \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

For Student(s): \_\_\_\_\_

Account Type:  Checking  Savings

Name on Acct: \_\_\_\_\_

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

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

Bank Routing #: \_\_\_\_\_

Bank City/State: \_\_\_\_\_



*Including a voided check with your form helps us verify account information.*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Bridges Academy 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 periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Bridges Academy may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

# PAYMENT

## Credit/Debit Card Authorization

BRIDGES ACADEMY OF FINE ARTS AT ST. LUKE'S UNITED METHODIST CHURCH, HOUSTON

Please complete the information below for automatic payment of tuition and fee payment(s) from the credit or debit card of your choice. A 2.6% convenience fee will be added to all card payments to recover costs.

*See the opposite side (for print) or page above (for PDF) for ACH bank draft authorization.  
Please complete only one page of the authorization.*

I, \_\_\_\_\_, authorize Bridges Academy of Fine Arts at St. Luke's United Methodist Church to charge the card below in the frequency indicated here for payment of tuition and fees:

- One-time on \_\_\_\_\_
- Weekly installments beginning \_\_\_\_\_
- Bi-weekly installments beginning \_\_\_\_\_
- Monthly installments beginning \_\_\_\_\_

Card Number:	_____		
Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>			
Expiration:	_____	CCV:	_____
Name on Card:	_____		
Billing Address:	_____		
City/State/Zip:	_____		
Phone:	_____		
Email:	_____		
For Student(s):	_____		

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_