



**Preferred Payment Method Authorization (NEW FAMILY)**

**STUDENT Last Name, First Name:** \_\_\_\_\_ **PARENT Last Name, First Name:** \_\_\_\_\_

St. John's requires each family to have a Preferred Payment Method authorization on file to be used for payments that need to be made throughout the year. Payment methods can be direct payment from a checking or savings account, credit card, or FACTS account. **IF YOU CURRENTLY HAVE A FACTS ACCOUNT, THIS WILL BE YOUR DEFAULT PAYMENT METHOD.**

**The Preferred Payment Plan will help in several ways:**

- It saves time – fewer checks to write
- It saves the school postage
- It helps meet your commitment in a convenient, timely manner – even if you are out of town or on vacation
- It's easy to set up or change methods
- No late fees

**Here's how the Preferred Payment Plan works:**

You authorize incidental payments to be made from your Preferred Payment Method on file. Incidental payments include: Fundraiser Friday's lunches, sports fees, annual giving, hot lunch, extended day fees, club fees, and any other miscellaneous payment required for your child.

Payments will be automatically scheduled on the date specified on the order forms, registration forms, and other miscellaneous bills. Proof of payment will be provided by email. The authority to charge your account will remain in effect until written notice of change. The Preferred Payment Plan is dependable, flexible, convenient, and easy.

**PLEASE CONFIRM YOUR PREFERRED PAYMENT METHOD BELOW AND RETURN FORM BY AUGUST 1.**

**FACTS ACCOUNT: (No processing fees)**  ( ) \_\_\_\_\_

**For Bank Account Direct Payments: (No processing fees)**

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

Routing/ABA Number: \_\_\_\_\_

EXACT Name on account: \_\_\_\_\_

**Credit Card Payments: TYPE:**  Debit  Visa  Mastercard  AMEX  Discover

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV #: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

**PLEASE MARK YOUR SELECTION ABOVE, SIGN, AND RETURN THIS FORM TO ST. JOHN'S BY AUGUST 1, 2018**

I authorize St. John's Episcopal School to initiate electronic payments to my FACTS/ checking/savings/credit card/ account as indicated on St. John's order forms, contracts, registration forms, and other payments as specified on the dates agreed to on these forms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_