

**Park Place Christian Academy**  
**June 2023-May 2024 Crusader Care Draft Authorization Form**

If you choose to utilize the optional bank draft option to pay for Crusader Care, parents, guardians, or other persons responsible for payments should read and complete the required information, sign, and return this form to the Crusader Care/Business Office.

**If your student is withdrawing from PPCA and/or Crusader Care at any time, you will need to give a written notice of 15 business days prior to the next draft date for the draft to be stopped. If any draft is returned unpaid from the bank, you will be responsible for the Crusader Care Rates plus the return draft fees. NO records or transcripts will be released until any remaining balance is paid in full.**

By filling out this form, I give permission for PPCA to draft Crusader Care on the 5<sup>th</sup> day on each month. I realize that the published rates are weekly rates and ***that the monthly draft will vary by the number of MONDAYS in each month. When there are 5 Mondays in the month, 5 weeks of payment will be drafted (July/Oct 2023 & Jan/April 2024).***

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

Mother's/Guardian Name: \_\_\_\_\_ Father's/Guardian Name: \_\_\_\_\_

List student(s) that will attend Crusader Care, grade, and rate:

STUDENT NAME	School Year Grade	School Year Rate	Summer Rate	Comments

**If you are a returning family and paid by bank draft for the prior school year, has your bank information changed?**  
**NO \_\_\_\_\_ YES \_\_\_\_\_**      **Mark if you are a new family: NEW FAMILY \_\_\_\_\_**

***\*\*If you marked yes or new student and elect to pay via the optional monthly draft, please complete the following information and submit a voided check along with this form.***

**Bank Information:**

I authorize Bank Plus to initiate entries to my checking/savings account. This authorization will remain in effect until I notify the business office, in writing to cancel, in such time to afford Bank Plus reasonable opportunity to act on it.

Name on Account \_\_\_\_\_ Routing # \_\_\_\_\_

Checking Account # \_\_\_\_\_ or Savings Account # \_\_\_\_\_

Financial Institution \_\_\_\_\_ Effective Date of Transfer \_\_\_\_\_ Amount \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_