

Park Place Christian Academy
June 2024-May 2025 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 5th/6th day of 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/Sept/Dec 2024 & March 2025).***

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 are a 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 _____