



14155 N Hwy, Platte City, MO 64079  
816-866-1597

[www.oursavioracademy.org](http://www.oursavioracademy.org)

"Growing faith in Jesus through scripture."

### OSCA 2026-2027 Recurring Automated Clearinghouse (ACH) Payment Authorization

- Submit a voided check.
- Submit the first month's tuition payment.
- Mail/Hand Deliver voided check, tuition check & this form to: OSCA, 14155 "N" Hwy/4<sup>th</sup> St, Platte City MO 64079

I (Print) \_\_\_\_\_ authorize Our Savior Christian Academy (OSCA) to charge my bank account the amount indicated below each billing period. A receipt for each payment will be provided upon request. The charge will appear on my bank statement as an "ACH Debit". I agree that no prior notification will be provided unless the date or amount changes, in which case I will receive notice from OSCA at least (10) ten days prior to the payment being collected.

BANK NAME:	AMOUNT AUTHORIZED:
ROUTING NUMBER:	ACCOUNT NUMBER:
<b>TYPE OF ACCOUNT:</b> <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT	

<b>DATE OF DEBIT:</b> (Select one or both)	<input type="checkbox"/> 5th of the month	<input type="checkbox"/> 20th of the month
<b>ATHORIZED PAYMENT PLAN:</b>	<input type="checkbox"/> 10-Month Plan – 1st payment due at enrollment – 9 debits (September-May)	<input type="checkbox"/> Semiannual – 1st payment due at enrollment – 2 debits (September, January)  <input type="checkbox"/> Quarterly – 1st payment due at enrollment – 3 debits (September, December, March)

ACCOUNT HOLDER NAME (Print):	PHONE NUMBER:
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(Initial)

- I understand that this authorization will remain in effect until I cancel it in writing and all tuition and fees are paid in full.
- I agree to notify OSCA in writing of any changes in my account information at least (15) fifteen days prior to the next billing date.
- I agree to notify OSCA in writing of termination of this authorization at least (30) thirty days prior to the next billing date.
- If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.
- For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 OSCA may at its discretion attempt to process the charge again within (30) thirty days, and agree to an additional (\$45.00) forty-five dollars charge for each attempt to collect on a returned NSF which will be initiated as a separate transaction from the authorized recurring payment.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.
- I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Account Holder (Signature): \_\_\_\_\_ Date: \_\_\_\_\_