



SACRAMENTO ADVENTIST ACADEMY

Financial Registration

Parent/Person Responsible for bill _____

Address _____

City, State, and Zip _____

Daytime Phone _____ E-mail _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

You will receive emailed monthly statements. Please keep us informed any changes.

Please select a **payment plan**:

- Year in advance Due first school day (discount applies)
- Monthly payments Due monthly on the 15th

Please select your **method of payment**:

- I will hand carry or mail my payment each month. It must be in the office by the 15th

OR

- I want to make payments monthly as a direct debit (no fees) from my bank account:

Person's Name on the Account _____

Nine Digit Routing Number _____ Checking () Savings ()

Bank Account Number _____ (processed the 15th of each month)

OR

- I want to make payments monthly from my credit card. I understand that the amount due will be charged on this card on the 15th of each month. (a 2.85% convenient fee will be charged)

- The address above is the billing address for this card. If not, the billing zip code is _____

Cardholder _____ Visa () MasterCard () AmEx () Discover ()

Account # _____ Expiration Date _____ Sec Code _____

Signature _____ Date _____