



**UPLIFT NORTH HILLS
PREPARATORY**



IB Fees 2020-2021

SCHOLAR FIRST NAME	SCHOLAR LAST NAME	Amount \$	20-21 Grade
1.			
2.			
TOTAL AMOUNT:			

*If not paying in person, please return this form with payment to the Secondary front office or Secondary Office Manager in a **sealed envelope labeled "20-21 IB Fees."***

CHECKS - to be made payable to UNHP

CREDIT CARD PAYMENT

I, _____ (cardholder name) AUTHORIZE UPLIFT NORTH HILLS PREPARATORY TO CHARGE _____ PAYMENTS OF \$ _____ TO THE CARD LISTED BELOW ON THE _____ OF EACH MONTH STARTING IN OCTOBER 2020.

E-MAIL ADDRESS (receipt will be sent here): _____

Credit Card Number: _____

Expiration Date (MM/YY): _____ CVV (3 or 4 digit code): _____

Billing Zipcode: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Uplift North Hills Preparatory in writing of any changes in my account information or termination of this authorization at least 15 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Uplift North Hills Preparatory may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25** charge for each attempt 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 credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Received by: _____ Date Paid: _____ Check #: _____ Cash: _____ CC: _____

Authorization: _____