



# Kauai Christian Academy

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## Electronic Payment Authorization

All payments will be deducted on the 1<sup>st</sup> of each month, or the soonest business day thereafter.

### Bank Information

See picture below for help finding this information.

You may attach a voided check in lieu of providing this information.

Bank Name: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

One-time Amount (Registration/Matriculation): \_\_\_\_\_

Monthly Amount (Tuition): \_\_\_\_\_

### Authorization

By signing this form I authorize Kauai Christian Academy to transfer the payment amount from the above identified bank account each month beginning August, 2014 and ending May, 2015.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Sample**  
(Typical - your check may vary)

9-5678/1234

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$

\_\_\_\_\_ DOLLARS

**YOUR FINANCIAL INSTITUTION**  
ANYTOWN, USA

FOR \_\_\_\_\_

⑆ 23456780⑆ ⑆ 2345678⑆ 030⑆

Bank Name

Routing Number    Account Number    Check Number

0301