



Kauai Christian Academy

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“Academically excellent, Christ-centered education”



Electronic Payment Authorization

All payments will be deducted on the 1st 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 and ending May.

Name: _____

Signature: _____

Date: _____

Sample
(Typical - your check may vary)

9-5678/1234

DATE _____

0301

PAY TO THE ORDER OF _____ \$

_____ DOLLARS

YOUR FINANCIAL INSTITUTION
ANYTOWN, USA

FOR _____

⑆ 23456780⑆ ⑆ 23456789⑆ 0301⑆

Bank Name

Routing Number Account Number Check Number