

Automatic Draft Form / 2011-2012

North Dallas Adventist Academy

302 Centennial Blvd
Richardson, TX 75081
(972) 234-6322



1. Family Information (required) ***PLEASE PRINT IN CAPITAL LETTERS***

FIRST NAME LAST (FAMILY) NAME

STREET ADDRESS

CITY STATE ZIP CODE

PHONE # MOBILE #

E-MAIL

2. Please Select One Payment Option

A I WANT YOU TO TRANSFER PAYMENTS MONTHLY FROM MY BANK ACCOUNT

Name on Bank Account

Routing # Bank Account #

Checking Savings Transfer on this monthly date (check **one**): 1st 10th 15th

** Please notify NDAA at least 5 business days before transfer occurs if you need to make any change to the withdrawal date.

B I WANT YOU TO TRANSFER PAYMENTS MONTHLY FROM MY CREDIT CARD

Credit Card Account # Expiration Date: MM / YY /

Card Type (Select One) AMEX DISCOVER MASTERCARD VISA 3 digit code (on back of card)

3. Student Information (required) ***PLEASE PRINT IN CAPITAL LETTERS***

	Grade	FIRST NAME	LAST NAME (if different from parent's name)
S1	<input type="text"/>	<input type="text"/>	<input type="text"/>
S2	<input type="text"/>	<input type="text"/>	<input type="text"/>
S3	<input type="text"/>	<input type="text"/>	<input type="text"/>
S4	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Please attach a voided check if transferring payments from bank account

VOIDED CHECK

5. Please sign and date below

STANDARD NDAA FEE AND LATE POLICY

I agree to pay the amount established by my school for the above student(s) for this school year ending on May 31, 2012. I realize that if I fail to make payments by the specified due dates, the inaction will result in late charges established by my school. I understand that North Dallas Adventist Academy may contact me via email or telephone when payments are not on time and a late fee of \$25.00 will be charged to my account.

Signature

Date Signed

Treasurer Signature

Date Signed

Student I.D. # _____

Student I.D. # _____

Student I.D. # _____

Student I.D. # _____