

Incarnation Academy

2025 - 2026

Electronic Funds Transfer/Credit Card Authorization Form

We can automatically deduct your tuition and/or fees from your bank account or we can charge your credit card. Please complete the information below and return the form to the school office at least 5 business days before the first payment is due. Call 214-522-0160 if you have any questions.

PERSONAL INFORMATION

Name on Account: _____

Address: _____

City: _____ Zip: _____ Phone: _____

ELECTRONIC FUNDS TRANSFER

Checking Account Information. Please attach a voided check or bank form for your checking account confirming the bank information:

Routing #: _____ Account # _____

CREDIT CARD

Card Type: _____ Expiration Date: _____

Card Number: _____

*** A credit card convenience fee of 3.5% will be applied to all credit card transactions.**

Tuition:

T/TH \$4,356/yr or \$484/mo

M/W/F \$6,120/yr or \$680/mo

M-F \$9,927/yr or \$1,103/mo

Kindergarten \$10,332/yr or \$1,148/mo

Daily Morning Care & Extended Care:

Daily Morning Care \$5/day

Daily Extended Care \$25/day

Monthly Extended Care

M-F \$300 M/W/F \$180 T/TH \$120

Student: _____	Amount	Initials
Supply fee: In Full Sep 1	\$250.00	
Tuition: In Full Sep 1	_____	
9 Equal Pmts Sep 1-May 1	_____	
Monthly Ext Care	_____	
Daily Morning/ Extended Care	As needed	
Teacher Appreciation	_____	
Spirit/IAPA Items	As needed	
Field Trip fee: PK3, PK4, Kinder	\$50.00	

Student: _____	Amount	Initials
Supply fee: In Full Sep 1	\$250.00	
Tuition: In Full Sep 1	_____	
9 Equal Pmts Sep 1-May 1	_____	
Monthly Ext Care	_____	
Daily Morning/ Extended Care	As needed	
Teacher Appreciation	_____	
Spirit/IAPA Items	As needed	
Field Trip fee: PK3, PK4, Kinder	\$30.00	

Student: _____	Amount	Initials
Supply fee: In Full Sep 1	\$250.00	
Tuition: In Full Sep 1	_____	
9 Equal Pmts Sep 1-May 1	_____	
Monthly Ext Care	_____	
Daily Morning/ Extended Care	As needed	
Teacher Appreciation	_____	
Spirit/IAPA Items	As needed	
Field Trip fee: PK3, PK4, Kinder	\$30.00	

I authorize Church of the Incarnation/Incarnation Academy to process debit entries from my bank account/credit charges to the account noted above. This authorization will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date. Payments returned for insufficient funds will be assessed a \$35.00 fee and declined credit cards will be assessed a \$15.00 fee.

Authorized Signature on acct: _____ Date: _____