

HILLMAN CHRISTIAN FAMILY ACADEMY
FINANCIAL CONTRACT AND ACH / CREDIT CARD AUTHORIZATION
FOR K-12TH STUDENTS

(Please fill out one form per student.)

Student Name: _____ **Grade:** _____

For the 2026-2027 school year, HCA utilizes mandatory automatic monthly tuition and fee deductions from your bank account or credit card. We implemented this payment method to offer convenience and simplicity for all of our busy families. Please complete a form for each student in your family and submit to become enrolled at HCA.

Here's How Recurring Payments Work: You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. There will be a convenience fee of 1% for ACH (Checking or Savings Account) and 2.9% + \$0.30 for Credit Cards. The automatic deductions will be handled by a third-party company by the name of STRIPE. Ask the administrator to view the status of your school account. The charge will appear on your bank or credit card statement as HCF 989-742-4487. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. By my signature below, I acknowledge that I have read and agree to the above information.

SIGNATURE: _____ **DATE:** _____

FEES

The following **non-refundable fees** will be automatically deducted from your designated account on the dates listed below by initialing by each applicable fee for the student listed above. All fees are nonrefundable.

*** **CURRENT STUDENTS REGISTRATION** ***

_____ Re-Enrollment Fee: Will be deducted on March 15th through Continuous Enrollment - \$150

_____ Book Use Fee: Will be deducted on May 1st - \$350

(Which includes equipment, technology, PACE resources, manipulatives & other student materials.)

*** **NEW STUDENTS REGISTRATION** ***

_____ Non-refundable Application Fee: Due with application. - \$25

_____ New Student Enrollment Fee: Due upon acceptance. - \$150

_____ Book Use Fee: Will be deducted on May 1st or upon acceptance if later - \$350

(Which includes equipment, technology, resources, manipulatives & other student materials.)

I, _____, (parent/guardian name) understand the above-mentioned fees and agree to pay them in a timely manner. I also understand that all fees are nonrefundable.

SIGNATURE: _____ **DATE:** _____

Hillman Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

331 W. 3rd St., Hillman MI 49746
989.742.4487

Initials: _____

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STUDENT NAME: _____ **GRADE:** _____

TUITION

Please initial beside the total amount of tuition due for the student listed above.

- Tuition - _____ (Additional for Siblings) - _____
 - Please select a tuition payment option to be charged on the payment method below:
 - _____ Full Amount Deducted on August 1st
 - _____ Half Deducted on August 1st and Remainder Deducted on January 1st
 - _____ 10 Month Payments Deducted on the 1st of Each Month (August 1 through May 1)

I _____ (parent/guardian name) understand that when I sign this contract that I am committing to Hillman Christian Family/Academy that my child will be attending for the entire school year. I also understand that my child's tuition amount is added to the budget and goes towards the faculty and staff salary for the entire school year. I further understand the tuition and fee requirements as stated in the handbook as well as on this financial contract and agree that my payments will be withdrawn automatically. I understand that failure to make timely payments could result in my student's immediate dismissal.

SIGNATURE: _____ **DATE:** _____

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Please initial or place a check mark in the blank that you have read each of the following statements. I understand/agree that my initials and/or my check marks serve the same purpose as my full signature.

TUITION AND FEES

☐ I further understand the tuition and fee requirements as stated in the handbook as well as on this financial contract and agree to make all payments on time. I understand that failure to make timely payments could result in my student's immediate dismissal.

CONTINUOUS ENROLLMENT AGREEMENT

☐ I have thoroughly read and understand the continuous enrollment agreement and agree to abide by all the information provided therein.

WITHDRAWAL FEE \$350

☐ I understand that there is a \$350 withdrawal fee per student. By enrolling your student in HCA, you are *agreeing and signing a contract to pay the tuition (as well as fees) for the entire school year*. The tuition and fees are made a part of the HCA budget for the year to pay our teachers. Withdrawing your student before the full tuition and fees are paid takes away needed funds that were included in the budget for our faculty and staff. If you do need to withdraw your student before the end of the school year, a withdrawal fee will be assessed and must be paid in cash. Further, all accounts must be current, including the withdrawal fee, for records to be released.

STUDENT / PARENT HANDBOOK

☐ I have thoroughly read the current Hillman Christian Academy Student/Parent Handbook and agree to abide by all policies therein.

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Student Name: _____ Grade: _____

TUITION

Total Tuition Due: \$ _____ Payment Frequency: _____

of Payments: _____ Start Date: _____

Payment Amount to Process: \$ _____

I, _____ (Parent/Guardian Full Name) authorize Hillman Christian Family/Academy to charge my bank account or credit card indicated.

Your Billing Address Associated with Card/Account:

Street or P.O. Box _____

City, State, Zip _____

Phone # _____ Email _____

Checking/Savings Account:

Circle One: Checking Savings

Name on Account _____ Bank Name _____

Account Number _____ Bank City/State _____

Bank Routing # _____

Credit Card:

Circle One: Visa MasterCard Discover American Express

Cardholder Name _____

Account Number _____ Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE: _____ DATE: _____

I understand that this authorization will be ongoing and continue from school year to school year or until I notify HILLMAN CHRISTIAN FAMILY/ACADEMY in writing of any changes in my account information or of termination of this authorization at least 15 days prior to the next billing date. If there is a balance remaining after May 31, HCA will continue to make withdrawals until any balance is paid in full. 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 on the above noted transaction dates listed on page 1 and 2 of this financial contract. I understand that it is my responsibility to contact HCA with changes to my bank account or credit card information. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that HILLMAN CHRISTIAN FAMILY/ACADEMY may at its discretion attempt to process the charge throughout the following 30 days, and agree to an additional \$30.00 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. I understand this financial contract in its entirety and agree to make all payments in a timely fashion. I understand that failure to make timely payments will result in my student's immediate dismissal.

SIGNATURE: _____ DATE: _____

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