



7050 Eckstrom Ave.,
San Diego, CA 92111
Tel: (858) 278-7970

7202 Princess View Dr.,
San Diego, CA 92120
Tel: (858) 250-0972



Authorization for Direct Payment via ACH (ACH Debit)

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Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. Kindly fill this form to authorize Bright Horizon Academy/Islamic School of San Diego to debit your account for Tuition Payments.

Account Information:

Name of Account Holder(s): _____

Name of Bank/Financial Institution: _____

Account #: _____ Routing #: _____

Type of Account (please check one): Checking Account Savings Account

Please include a signed voided check with the amount of transfer shown.

Student Name(s):

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

Tuition Transfer Request:

Please note (refer to Tuition Contract for details):

- Monthly Tuition scale: TK (part-time): \$445 / TK (full-time): \$890 / Grades K-12: \$700
- Optional 10% discount per additional sibling(s), excluding TK and KG (may constitute receiving zakat or sadaqat)
- The full academic year is comprised of 10 equal monthly payments from September through June.
- Tuition is due on the 1st of the month and becomes delinquent after the 5th of the month

TOTAL amount to be debited each month: \$ _____

Total # of payments: _____ Starting month: _____ Ending month: _____

Please check which day of month to make your monthly transfer:

- 1st of the month 5th of the month



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Termination of ACH Debit Authorization:

Please initial:

[redacted] I (we) understand that this authorization will remain in full force and effect until I (we) notify Islamic School of San Diego/Bright Horizon Academy to revoke this authorization in one of the following ways:

1. Emailing a written revocation request to finance@issdweb.org, followed by a phone call to (858) 278-7970, and/or
2. Mailing a written revocation request to BHA, 7050 Eckstrom Ave., San Diego, CA 92111, followed by a phone call to (858) 278-7970.

[redacted] I (we) understand that Islamic School of San Diego/Bright Horizon Academy requires that the written revocation request be received at least ten (10) business days prior to the proposed effective date of the termination of authorization for it to be effective.

Signed Authorization:

I hereby authorize the Islamic School of San Diego/Bright Horizon Academy to electronically debit my (our) account as determined above.

Date: _____ Name: _____ Signature: [redacted]

Date: _____ Name: _____ Signature: [redacted]