



Child's Name: _____

2022-2023 Tuition Express Payment Authorization

	CJP Monthly Tuition (unaffiliated)	Single Affiliation Monthly Tuition (Member of one of the following: LJCC, TBE, or TI)	Dual Affiliation Monthly Tuition (Member of two of the following: LJCC, TBE, or TI)
Full Day Program 7am to 6 pm, Monday to Friday	Payments are July-May**		
Infants	\$1,800	\$1,764	\$1,728
Ones	\$1,640	\$1,604	\$1,568
Twos, Threes, & Prekindergarten	\$1,580	\$1,544	\$1,508
Half Day Program 9am to 1pm	Payments are August-April		
Three-Day Twos, & Threes Monday, Wednesday, & Friday	\$687	\$662	\$651
Five-Day Twos, Threes, & Prekindergarten	\$850	\$814	\$796

Monthly Tuition to be drafted: _____ **Date to be drafted (circle one):** 1st /10th

Bank Draft or EFT (Electronic Funds Transfer)

I hereby authorize the Charlotte Jewish Preschool to initiate and execute a monthly EFT as per the schedule listed above. I understand my account will be drafted for tuition and any outstanding fees. I authorize my banking institution to debit my account for the amount indicated above. I understand and agree that if I close my account or stop payment on my EFT that I will be obligated to pay the balance of my fees immediately. If for any reason my draft should not be honored, I will be responsible for the draft amount plus a \$7.00 service fee.

I understand my account will be drafted on date listed above.

Name: _____

Phone Number: _____

Signature: _____

Attach voided check here

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO PROVIDE ACCOUNT INFORMATION