



Child's Name: _____

2023-2024 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	\$1,925	\$1,889	\$1,853
Ones	\$1,725	\$1,689	\$1,653
Twos, Threes, & Prekindergarten	\$1,640	\$1,604	\$1,568
Half Day Program 9am to 1pm	Payments are August-May		
Three-Day Twos, & Threes Monday, Wednesday, & Friday	\$630	\$605	\$594
Five-Day Twos, Threes, & Prekindergarten	\$780	\$744	\$726

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