



Al Falah Academy

EXCELLENCE IN ISLAMIC AND ACADEMIC EDUCATION

A full-time Islamic School in Gwinnett County
(678) 502-7211 and (678) 380-0201

Payment Authorization Form

I, _____, authorize Al-Falah Academy to charge my method of payment
on the first business day of the month. If using credit card: processing fee of 3% will be added to each transaction completed.
If Electronic check, no processing fees will be added.

Student Name(s) _____

Student Grades(s) _____

You have permission to start charging my bank account for the tuition, facility fee, and security fee depending on the option checked:

- ☐ 12 Payments (Monthly, beginning June 1, 2023 to May 1, 2024)
- ☐ 10 Payments (Monthly, beginning August 1, 2023 to May 1, 2024)
- ☐ 2 Payments (Charged on 8/1/2023 & 1/2/2024)
- ☐ 1 Payment (Charged on 8/1/2023). **If Paid by Credit card**, 3% fees will be waived. **If paid by E-check**, a discount of 2.5% off the tuition amount will be given. This discount does not apply to financial aid or otherwise discounted tuition.

Late payments will incur a \$50 fee if the charge cannot be completed by the 1st of the month due to insufficient funds or if the account is closed without prior notification.

I would like to sponsor the tuition of a student in need of financial assistance.

Sponsorship Amount: _____ ☐ Monthly ☐ One Time

☐ **Payment by Credit Card (Resource fee will have no processing fees if paid by credit card)**

Name on Card _____

Card Number _____ - _____ - _____ - _____

Billing Zip Code _____ CVC Code _____ Expiration Date _____

☐ **Payment by Electronic Check (ACH)**

Account Type ☐ Checking ☐ Savings

Name on Acct. _____ Bank Name _____

Account No. _____ Routing No. _____

ACH Reject Fee \$25.00 Fee applied to your account balance for invalid ABA/DDA account numbers, insufficient funds or if the account is closed

Signature: _____ Date _____ Phone# _____