

2022-2023

Challenger Payment Program Enrollment Form

Draftee's bank account will automatically be drafted each Monday throughout the school year to pay for the child's Challenger tuition.

Funds need to be in the account by close of banking on Friday. If banks are closed on Monday due to a holiday, funds still must be in the account by 5:00 on Friday.

Please submit this form to your school's Site Director or email to klattimore@rhmail.org

School: _____ Student Name: _____

CSI Account Number (Director Provides): _____

Students may begin Challenger on the first Monday of each month provided an online registration is completed by the designated deadline date. Complete all information on Form D and E. Fields left blank, will stop your child's registration from being processed. **The weekly draft is sent on Friday to our bank before the Monday start date indicated below.** Once the draft occurs, no refund will be given, if the start date is incorrectly entered by parent.

I wish for my child, _____, to begin Challenger on Monday, _____.

Enrollment registration forms, changes in bank information and withdrawals notices must be submitted by Wednesday to take effect the following draft date.

Indicate the Challenger status that applies. **Parents must select payment rate below.**

Full-Pay	Multi-Full Pay	Reduced	Employee
	(more than 1 child enrolled)		
\$64 weekly	\$58 each child per week	\$42 weekly	\$42 weekly

A pre-printed check or a letter from your bank (starter checks and/or deposit slips are not acceptable) is required. This letter must state the **type of account** (Checking or Savings), the **routing number, account number, draftee's name, draftee's address, draftee's phone number** and **verification that this account may be drafted by ACH debits.** This letter must be on **bank letterhead and signed by a bank employee.** Acceptable draftees are **parents/legal guardians and grandparents.**

Draftee Name: _____

Relationship to Student: ___ Mother ___ Father ___ Grandmother ___ Grandfather ___ Legal Guardian

Draftee Address: _____ City: _____ Zip: _____

Draftee Email Address: _____ Draftee Daytime Phone: _____

Preauthorization Form

I (we) hereby authorize Rock Hill Schools and CHECKredi, its agent, to initiate debit or credit entries to my account by funds transfer and/or automated clearing house ("ACH") transfer for the purpose of paying my child's Challenger tuition. I understand that in the event my account has insufficient funds to cover the payment drafted, or my draft rejects due to any other reason, a \$30.00 reject fee by CHECKredi will be assessed per draft as allowed by State law and additional processing fees may be charged by CHECKredi. Parents with a reject and non-payment to CHECKredi by the designated time will be removed from the program for the following week and will remain out of the program until all fees have been collected. CHECKredi will contact parents whose drafts have returned, prior to notification from Challenger Site Director, to discuss collection for continuance of his/her child in the Challenger program. CHECKredi customer service center may be reached toll free at 1-800-742-2925. After the third reject, the child will be removed from the program for the remainder of the school year.

I am an authorized party of the account listed above, and am exercising my powers as such.

Authorized Signature _____ Date _____ **Indicate type of account: Checking Savings**

**ATTACH VOIDED CHECK HERE OR SUBMIT BANK LETTER WITH APPLICATION
Form D**



2022-2023 Challenger Program

Customer Name _____

Child's Name _____

CSI# _____ (provided by Challenger Site Director)

Re: Electronic Funds Transfer Payment Authorization

Dear Customer,

Please allow this letter to confirm that by your signature below, you hereby authorize Rock Hill Schools, to electronically debit your account for amounts due and owing between Rock Hill Schools and customer named above, henceforth known as customer. Electronic Debits will be processed by a third party named CHECKredi.

This authorization shall permit Rock Hill Schools to collect both variable and fixed recurring amounts and also variable and fixed one-time amounts that may be due from time to time between Rock Hill Schools and customer.

This authorization shall remain in place unless and until rescinded by customer via a written directive to Rock Hill Schools, at least five (5) days prior to any date in which any electronic funds transfer is to occur, in order to permit Rock Hill Schools sufficient time to act on it.

Rock Hill Schools agree that a draft schedule (once available) will be provided to customer indicating the amount due, together with the specific date that the customer's account shall be electronically debited.

In the unlikely event your returned draft is not paid, CHECKredi may elect to electronically (or by paper draft) re-present your payment up to two more times. This will occur 2 weeks after you have been removed from Challenger. You also understand and agree and authorize or permit CHECKredi to collect a return processing charge by the same means, in an amount not to exceed that as permitted by State law.

If you should have any questions concerning this payment transaction, you may contact us at 803-981-1103 during our normal business hours, 8:00AM to 5:00PM.

Please submit this form to your school's Site Director or email to klattimore@rhmail.org

I, _____, as the draftee, hereby grant authorization to Rock Hill Schools to
(Draftee's Name)

electronically debit our bank account noted below for amounts owing to Rock Hill Schools.

Signature

Date

Printed Name