

**Twin Cities German Immersion School**  
**2020-21 Recurring Credit Card or**  
**Electronic Bank Transfer Payment**  
**Authorization Form**

As a public charter school, TCGIS is required to provide free transportation for students living within the St. Paul School District boundaries. We have expanded bus routes in efforts to serve as many students as possible, without charging mandatory fees for families outside of the St. Paul School District boundaries. The school relies on family donations toward busing to fund these expanded routes. No family is required to donate, but please consider financially contributing to our bus program.

TCGIS suggests a donation of \$1.50 per bus ride per student (see monthly calculations below), but gladly accepts any donation amount that works for your family.

**Average Monthly Donation Calculations:**

- Standard Donation Per Student: \$60.00 (AM & PM rides for one month)
- Part-Time Donation Per Student: \$30.00 (AMs only, PMs only, or 2-3 days per week)

***Our family would like to make the following monthly donation \$\_\_\_\_\_ from September 2020 - June 2021.***

Sign and complete this form to authorize **Twin Cities German Immersion School** to make a monthly recurring debit to your credit card (Option #1) or bank account (Option #2) below. This transaction is a donation to the TCGIS School Bus program.

By signing this form you give **Twin Cities German Immersion School** permission to debit your account for the amount indicated on or after the indicated date. This is permission for a monthly recurring transaction for the months September 2020 to June 2021, and does not provide authorization for any additional unrelated debits or credits to your account.

I, (full name) \_\_\_\_\_, authorize **Twin Cities German Immersion School** to charge my credit card or bank account (as indicated on the next page) for \$ \_\_\_\_\_ per month, on or after \_\_\_\_\_ (date).

Complete Billing Address:			
Phone #:		Email:	

## Option 1: Credit Card

<b>Account Type:</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
<b>Cardholder Name:</b>		
<b>Account Number:</b>		
<b>Expiration Date:</b>	<b>CVV#</b> 3-digit number on back of Visa/MC	

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

<b>SIGNATURE</b>	
<b>DATE:</b>	

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## Option 2: Electronic Bank Account Transfer

<b>Account Type:</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Name on Account:</b>	
<b>Bank Name:</b>	
<b>Account Number:</b>	
<b>Bank Routing #:</b>	

I authorize the above named business to charge the bank account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **TCGIS** may at its discretion attempt to process the charge again within 30 days, and I agree to an additional **\$25.00** service charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

<b>SIGNATURE</b>	
<b>DATE:</b>	