

SAGE ACADEMY INC
CITD: 07-86-88-101 EIN: 73-1716561
AZ-322 Credit for Fees Paid to Charter School

DATE: _____ CASH ACH DEBIT/CREDIT CHK NO: _____

TAXPAYER NAME, SSN, AND ADDRESS:

NAME: _____ SSN: _____

ADDRESS: _____ CITY _____ ST: _____ ZIP _____

DESIGNATE AMOUNTS OF SUPPORT OF THE FOLLOWING:

- \$ _____ GENERAL PURPOSES
- \$ _____ CHARACTER DEVELOPMENT
- \$ _____ FINE ART – ART - MUSIC
- \$ _____ SPORTS AND PHYSICAL EDUCATION

The above payment is eligible for the Arizona State Income tax credit as allowed by ARS §43-1089.01.

DEBIT/CREDIT CARD INFO: VISA MASTERCARD _____:

Name on Card: _____

Billing Address: _____

CARD NO: _____ Expiration date: _____ CVC _____

I hereby authorize Sage Academy Inc or their Agent to charge my debit/credit card account listed above one-time for the amount stated above. Preferred date to be paid: _____ AND/OR

I hereby authorize Sage Academy Inc or their Agent to charge my debit/credit card account listed above monthly in the amount of \$ _____ (EX: \$200 / 12 = \$16.66). Payment shall be processed on the second Wednesday of each month and shall begin the month of: _____.

ACH INFO: This authorizes us to collect these funds directly from your bank checking or saving account.

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

BANK NAME: _____ ROUTING NUMBER: _____

I hereby authorize Sage Academy Inc or their Agent to charge my checking account listed above one-time for the amount stated above. Preferred date to be paid: _____ AND/OR

I hereby authorize Sage Academy Inc or their Agent to charge my checking account listed above monthly in the amount of \$ _____ (EX: \$200 / 12 = \$16.66). Payment shall be processed on the second Wednesday of each month and shall begin the month of: _____.

Account Holder Signature _____ Date: _____

Please consult with your tax professional to determine the application of this credit.
1055 East Hearn Road, Phoenix, Arizona 85022 - 602-485-3402