

CUSTOMER INFORMATION

PARENT'S NAME: _____ STUDENT'S NAME: _____
FIRST LAST

EMAIL: _____ PHONE #: _____

SECTION 1: Payment Authorization and Options

I authorize _____ to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

For: The monthly tuition amount for my child in the amount of \$ _____

Terms of Payment (CHOOSE 1)

Starting on _____ and subsequently debited as follows:

- Monthly payments to be drafted on the _____ of each month following through _____
FINAL DRAFT DATE
- 3 equal payments to be drafted on: _____, _____ and _____.
- 2 equal payments to be drafted on: _____ and _____.
- 1 payment in full* to be drafted on: _____. *a **5% Discount** will be deducted from the total payment for paying in full.

By signing below, I understand that for all payments processed: I will be charged a \$3.00 processing fee for each payment made.
 Tuition for all siblings will be processed together in one combined payment. Returned payments will be charged a fee of \$25.

SECTION 2: Bank Account Information

Account type: Business Checking Personal Checking

Banking Institution Name: _____

Bank routing number (ABA number): _____ Account number: _____

attach your payment or a voided check for the authorized account here

This payment authorization is to remain in full force and effect until I, _____, notify _____ of its cancellation by sending written notice in such time and in such manner to allow both and receiving financial institution a reasonable opportunity to act on it. Any charges incurred due to the failure to do so will be charged back to the customer.

Authorized Check Signer Printed Name: _____

Signature: _____ Date Signed: _____