

**Tuition Payment Plan
 2017 - 2018**

Student Name: _____
 NAME of person responsible for account: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE # : _____
 EMAIL: _____

PLEASE FILL OUT THE ACH FORM WITH ALL BANK ACCOUNT INFORMATION AND ATTACH A VOIDED CHECK.

SELECT PAYMENT PLAN

___ MONTHLY DEDUCTION
 (Sept. 10th thru May 10th)
 Tuition only

___ MONTHLY DEDUCTION
 Other Amount

You may elect to have tuition only debited from your account, or use the worksheet to determine an amount which will include additional fees for costumes, Holiday show and recital fees, and competition fees (if applicable). You must agree to pay by May 10th any additional fees which are incurred beyond the estimated amount.

*****WORKSHEET FOR PAYMENTS*****

STUDENT MONTHLY TUITION \$

Costume Fees \$

Holiday & Recital Fees \$

Competition Team Fees \$

FAMILY SUBTOTAL \$

PAYMENT AMOUNT \$

MONTH TO BEGIN: _____

OF PAYMENTS: _____

Please review the tuition and fees carefully prior to setting payment amount. A consultation in the office is recommended.

SIGNATURE _____ DATE _____

ACH Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

Company Name: _____ (herein referred to as "Company")
Address: _____
Company ID: _____

I (we) hereby authorize Company to initiate debit entries to my (our) Checking/Savings Account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

Depository Name: _____ **Branch** _____
City: _____ **State** _____ **Routing/Transit # (ABA)** _____
Checking Account #: _____ **Savings Account #:** _____
Begin Date: _____ **Termination Date:** _____ **Recurring Amount:** \$ _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Depositor Name: _____ **Depositor Name:** _____

Signature **Date** **Signature** **Date**

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Depositor is required to verify bank account data and attach a voided check here.

VOID