



Office Use Only:
____ Plan adjusted
____ Attribute added
____ Account entered

Electronic Funds Transfer / Automatic Tuition Payment Agreement 2020-2021

Student Name(s): _____ **Grade:** _____ **Tuition:** _____

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Monthly Tuition Plan: Should the payment date fall on a Saturday or Sunday, the payment will be applied the next business day.

I/We would like our deduction to occur on:

The 1st of each month: July 1, 2020 - May 1, 2021 (11 monthly tuition payments)

The 15th of each month: June 15, 2020 - April 15, 2021 (11 monthly tuition payments)

____ (Initials) I hereby authorize Montverde Academy, Inc. to deduct the above selected amount(s) in accordance with the payment schedule indicated. Prior to the time my account is to be deducted, I understand that I have the right to stop the automatic payments upon 10 days written notice to Montverde Academy, Inc. If I stop the automatic payments after the 10-day cancellation deadline, I will receive a \$15.00 late cancellation fee.

____ (Initials) Montverde Academy, Inc. reserves the right to end the payment plan and my participation therein, should three transactions be returned, declined and/or stopped. The monthly payment plan will be canceled and the entire tuition will be due immediately. I agree that any transactions returned by my financial institution will result in a \$35.00 fee, which will be added to my student account. Should you wish to a dispute a charge or fee, please contact the Business Office no later than 5 days prior to the payment deduction date.

Authorized Signature

Date

Bank Account Authorization (Attach voided check or complete information below)

Print Name(s) on the Account

Address (Associated with the Account) City State Zip

Name of Bank Routing Transit Number Account Number

Checking Account

Savings Account

Credit Card Number

Expiration Date

CCV

*There is a 3% processing fee applied per transaction.