

PAYMENT FORM 2019-2020

Please fill out, SIGN and return to Deb Murphy, Business Office Manager

Name _____

Student(s) _____

Payment Plan

_____ Annually - before June 30th with discount

_____ Semester - August 1st and January 1st

_____ Quarterly - August 1st, November 1st, February 1st and May 1st

_____ Monthly - Payments (cash, check, credit/debit card by phone/online/in office)

_____ Monthly – ACH (Automatic Withdrawal) if chosen, please fill out below.

Combine Tuition & Fees Yes _____ No _____

Bank Name _____

Account # _____ Checking _____ Savings _____

Routing # _____

_____ 5th/month _____ 20th/month _____ 5th and 20th/month (1/2 the monthly amount)

_____ 12 months (6/2019 – 5/2020) _____ 10 months (8/2019 – 5/2020)

Payment Amount \$ _____

Signature _____

- **By signing this form, you are agreeing to accept responsibility for the tuition.**
- **All families are required to have a payment plan on record.**
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