

2018 - 2019

The Friends Academy Tuition Payment Plan is a convenient alternative to lump-sum semi-annual payments.

ENROLLMENT INSTRUCTIONS

Please carefully complete each section on the reverse side of this form.

1. Provide us with the information requested in the sections.
2. Confirm the "Payment Method".
3. Sign and date the "Signature" section of the form.
4. Please complete the Bank Draft Authorization contract and remember to attach your voided check or preprinted deposit slip.
5. Return this form to Friends Academy immediately.

If you have any questions regarding this application please contact:

Student Accounts - 516-393-4242.

TERMS AND CONDITIONS

If an automatic deduction is refused by your bank, a fee of \$30 will be assessed. Additional fees may be imposed by your bank.

REFUNDS – Refunds of any amounts paid on your account will be handled in accordance with Friends Academy's refund policy. The administrative fee is non-refundable.

ELECTRONIC FUNDS TRANSFER

Save Time and Money

It saves time because you can set it up and forget about it, as long as you keep enough money in your account to make each payment as it is due. It is also reliable, because every payment is made on time. (No late charges!)

FRIENDS ACADEMY



TUITION PAYMENT PLAN

- ❖ **Low Cost**
- ❖ **No Interest**
- ❖ **10 Monthly Payments**
- ❖ **No Credit Review**
- ❖ **Automatic Deduction**

FRIENDS ACADEMY TUITION PAYMENT PLAN

2018-2019 ENROLLMENT FORM

PARENT OR GUARDIAN INFORMATION

Name(s)

Address

City

State

Zip

Social Security Number

Relationship to student(s)

Daytime Telephone Number (Please include area code)

STUDENT INFORMATION

Please list all students enrolled in Friends Academy who will be participating in the monthly payment plan.

Name

Grade (18-19)

Name

Grade

Name

Grade

Name

Grade

PAYMENT METHOD

By **automatic deduction** from your bank account (please provide bank information where requested – (see the advantages on the back of this form)

BANK ACCOUNT INFORMATION

Name of Financial Institution

Address of Financial Institution

City/State/Zip

Telephone Number

Fin. Inst. ABA number

Your Account Number

Type of account:

- Checking (please attach voided check)
- Savings (please attach preprinted deposit slip)

SIGNATURE

I(We) have read and agree to the terms and conditions on the reverse side of this form. I(We) understand that we will be charged an annual non-refundable administrative fee of \$60 per child (billed separately) for my(our) enrollment in the Tuition Payment Plan.

I(We) have selected payment by automatic deduction, I(We) authorize Capital One as agent for Friends Academy, to initiate debits to my(our) checking/savings account as indicated in the Schedule of Charges 2018-19.

If you enroll in the plan after June 1, you must include all back payments due with your application. **No enrollments will be accepted after August 1.**

DISCLOSURES

FINANCE CHARGE

The dollar amount the Plan will cost

\$ -0-

Amount Financed/
Total of Payments

The amount of all payments
due under the plan

\$ _____

My payment schedule will be ten (10) equal monthly tuition installments of \$ _____ automatically deducted on the first business day of each month commencing June 1, 2018.

Late Charge: If a payment is more than 15 days late, I will be charged 1.5% of the late amount.

Prepayment: If I pay off early, I will not have to pay a penalty.

Other Provisions: The contract documents contain additional information about non-payment, default, and any required repayment in full before the scheduled date, and prepayment refunds and penalties.

ACKNOWLEDGMENT OF RECEIPT OF DISCLOSURES

We affirm that the above disclosures were complete, with all blanks filled-in, before we signed below and that one of us that was a primary Obligor received a copy of it.

X _____
Parent or Guardian Signature

X _____
Parent or Guardian Signature (required for automatic deduction from joint bank account)