

Tuition Payment Schedule

- _____ Option 1. Pay entire year in full by first day of school in August.
- _____ Option 2. Pay in two payments - half at beginning of 1st semester in August
other half at beginning 2nd semester in January.
- _____ Option 3. Automatic Bank Withdrawals - Monthly or Weekly (see form below)
- _____ Option 4. Request payment variance. Use the back of this form to provide detail
payment plan.

Authorization Agreement for Preauthorized Debits/Credits

COMPANY NAME-Crowley's Ridge Academy TAX ID NUMBER 71-0327420

I (we) hereby authorize Crowley's Ridge Academy hereinafter called COMPANY, to initiate debit and/or credit entries to my (our) checking and/or savings accounts indicated below and the Financial Institution named below, hereinafter called BANK, to debit or credit the same to, such account.

BANK NAME _____ ROUTING NUMBER _____

ACCOUNT NAME _____ ACCOUNT NUMBER _____

ACCOUNT TYPE (checking, savings) _____

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

DATE _____

SIGNED _____ **Please attach a voided check**

I WANT TO START MY MONTHLY PAYMENT ON: (circle one) June 1 or June 15
July 1 or July 15
August 1 or August 15

I WANT TO PAY WEEKLY (every Friday) BEGINNING IN JUNE, JULY OR AUGUST (circle one)

My child (children) will _____ will not _____ be riding the bus.

_____ morning and afternoon

_____ Morning only _____ Afternoon only

Child(rens) name(s): _____ Grades: _____

Parent Name _____