



2022-2023 CHANGE IN PAYMENT FORM

Parent Name _____
Student Name _____

BILLING AGREEMENT

Billing Frequency (Choose one) [] MONTHLY [] QUARTERLY [] SEMI-ANNUALLY [] ANNUALLY [] OTHER
Payment Type (Choose one) [] CREDIT CARD [] PERSONAL CHECK [] BANK CHECK [] MONEY ORDER [] OTHER

I UNDERSTAND THE FOLLOWING (Initial):

_____ If I have chosen the monthly plan, I am required to keep an active credit card on file at the school.
_____ Mainspring Academy will not accept cash payments for tuition, registration fees, parent participation opt-out fees,
Intersession, Extended Care, or Summer Camp.
_____ If the school has not received payment close of business on the 1st of the month or a monthly date otherwise agreed
upon by Mainspring Administration; OR by close of business on the quarterly, semi-annual, or annual due dates, this credit card
information will be used to process my tuition payment.
_____ I will be responsible for the \$50.00 payment for any bounced check penalties.
_____ Late payments will result in a fee of 10% of my payment due, for each week late.
_____ After a second incident of a bounced personal check, I will be required to use bank checks, money orders, or an active
credit card.
_____ Using a credit card for any purposes at Mainspring Academy will result in a 3% convenience fee being added to the
transaction.
_____ I am responsible for notifying the School promptly before any payment due dates and completing a change in payment
request form if my payment information changes due to loss, fraud, insufficient funds, and any other circumstances.
_____ Unpaid obligations may result in the suspension of my child from the school or its programs until payments are fulfilled.
_____ Failure to approve Mainspring Academy invoices on my child's FES-UA or other state scholarship accounts may result in
the suspension of my child from the school or its programs until payments are fulfilled.
_____ I am responsible and the above policies apply if an authorized person other than myself is fulfilling payment obligations
on behalf of my child.

CREDIT CARD INFORMATION

Name on Card _____
Cardholder Street Address _____
City _____ State _____ Zip _____
Credit Card Type (Choose One) [] VISA [] MASTERCARD [] AMERICAN EXPRESS [] OTHER
Credit Card Number _____
Expiration Date _____ CVV _____
Address (if different from student): _____
This card is for (Choose one): [] PAYMENT FOR ALL PURPOSES [] PAYMENT ONLY FOR A SPECIFIC PROGRAM
[] ONE-TIME USE ONLY
If "specific program" or "one-time use only" selected, please specify: _____

BY SIGNING THIS DOCUMENT, I HEREBY AUTHORIZE MAINSPRING ACADEMY INC. TO BILL MY CREDIT CARD FOR THE PURPOSE SPECIFIED ABOVE.

Signature _____ Date _____ Printed Name _____