



ADD/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.
- _____ Using a credit card for any purposes at Mainspring Academy will result in a 3% convenience fee being added to the transaction.
- _____ Mainspring Academy will not accept cash payments for tuition, registration fees, parent participation opt-out fees, Intersession, the Extended School Day Program, or Extended School Year Program.
- _____ 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 am responsible for a \$50.00 fee for any bounced check penalties should I pay with a check returned due to insufficient funds. Repeated bounced checks maybe grounds for dismissal from the program.
- _____ After a second incident of a bounced personal check, I will be required to use bank checks, money orders, or an active credit card.
- _____ Late payments will result in a fee of 10% of my payment due, for each week late.
- _____ I am responsible for promptly notifying the School 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.
- _____ I am responsible for unpaid obligations due to scholarship delays or related issues. Unpaid obligations or failure to arrange for timely payment to the school on my child's state scholarship accounts may result in late fees and/or the suspension of my child from the school or its programs until payments are fulfilled.
- _____ Regardless of who is the actual payer of any amount owed, I remain solely responsible for all tuition, fees, and additional programming costs for 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 _____