

FINANCIAL AGREEMENT FORM ~ 2011-2012

The Financial Agreement must be signed at the bottom. If you are participating in EFT or Credit Card, please sign those respective sections along with the bottom portion.

Name: _____ **Date of Birth:** _____
(Person responsible for bill) (Person responsible for bill)

Email Address _____ **Phone:** _____

Student Name: _____ **Grade** _____

Tuition Payment Schedule-please check one.

____ Monthly (Electronic only) ____ Quarterly (4 payments)
____ Semester (2 payments) ____ Annual (1 payment)

MONTHLY ACCOUNTS: Electronic Funds Transfer (for monthly payments only)

The June payment is payable by check, money order or cash. The August-April payments are processed by Electronic Funds Transfer.

I give Grace Christian Academy of Maryland permission to deduct monthly Tuition and Before/After Care directly from my bank account. I have attached a voided check for the account I wish to use. I agree to provide, in writing, any change to my bank account information along with a new voided check. All bank information changes must be provided in writing two weeks prior to the next EFT.

Signature for Monthly EFT Date

Credit Card Information: I give Grace Christian Academy of Maryland the right to charge my credit card when there is a balance due over 60 days. I understand that I will be informed by the school prior to my credit card being charged. I agree to pay the 2.5% convenience fee for credit card usage.

Name as it appears on the card: _____
Card Type: VISA Master Card Discover
Card #: _____ Security Code: _____ Exp. Date: _____

Signature for Credit Card Date

Parent Financial Agreement: I have read the Tuition & Fee Schedule and agree to pay all tuition, fees and charges listed in a timely manner. I understand that this financial agreement is for the full school year. I understand that if I withdraw my student on or after August 1st I am responsible for the full tuition. I understand that if my account is delinquent, it will be sent to a collection agency. I understand that I am responsible for any fees charged by the collection agency in addition to the balance due Grace Christian Academy of Maryland. **Both signatures are required.**

Signature: _____ Signature: _____
Date: _____ Date: _____