

FINANCIAL AGREEMENT FORM

2008-09

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 Sept-May payments are processed by Electronic Funds Transfer.

I give Grace Brethren Christian School permission to deduct monthly Tuition and Extended 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

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 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 Brethren Christian School.

Signature

Date

ATTACHMENT: Voided check or deposit slip for EFT