

1 Family Contact Information *Please Print Clearly* Account Number (if previously enrolled with TMS): _____

Student 1: _____ Grade: _____ Student ID: _____

Student 2: _____ Grade: _____ Student ID: _____

Student 3: _____ Grade: _____ Student ID: _____

Student 4: _____ Grade: _____ Student ID: _____

Payer's Name: Mr. Mrs. Ms. _____

Payer's Date of Birth: _____ / _____ / _____ Payer's Telephone: (____) _____ - _____

Secondary Contact: Mr. Mrs. Ms. _____

Payer's Street Address: _____ Apt: _____

City: _____ ST: _____ Zip: _____

Payer's Email: _____

2 Plan Options:

1 Installment: No Fee Due 9/1/11

4 Installments: \$30 Due 9/1/11, 12/1/11, 3/1/12 and 6/1/12

10 Installments: \$45 Due 9/1/11 to 6/1/12

4 Installments: \$30 Due 9/15/11, 12/15/11, 3/15/12 and 6/15/12

10 Installments: \$45 Due 9/15/11 to 6/15/12

PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED IN THIS PLAN UNTIL GRADUATION OR CANCELLATION.

3 Optional Authorization Agreement for Automatic Payments

I hereby authorize Tuition Management Systems ("TMS") to initiate debit entries to my account at the financial institution indicated below for the amount due on my Monthly Payment Plan on the date the payment is due. All transfers will be made on the due date of the payment or on the next processing day if the transfer date is a non-processing day for TMS.

TMS may, at its option, discontinue automatic funds transfers from the account if I fail to maintain sufficient funds in the account to cover the payments required. This authority shall remain in full force and effect until TMS is notified by me by phone or in writing to cancel it at least three (3) business days prior to the next scheduled payment due date.

Checking/Non-Retirement Statement Savings (circle account type) Account #: _____

Financial Institution Routing #: _____ Financial Institution Name: _____

I will be notified by mail of the date the automatic payments will begin. Until that time, I will make payments by check or contact TMS for alternative payment options. I understand that it is my responsibility to ensure that there are sufficient funds in the account to cover any debit authorized and to ensure that payments are made on time. **PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED AND INCUR THE APPLICABLE BANK WITHDRAWALS FOR THIS PLAN UNTIL GRADUATION OR CANCELLATION.**

4 Payer's Signature: I hereby agree to any _____ Date ____/____/20____

and all information and agreements noted above: _____ Payer's Signature

SCHOOL USE ONLY

| | | | |
|---|----------|---|----------|
| 1. Tuition | \$ _____ | 11. = First Installment: | \$ _____ |
| 2. + Fees/Other | \$ _____ | 12. Total Plan Amount(7+10): | \$ _____ |
| 3. + Balance Brought Forward | \$ _____ | 13. Installments Paid At School (if any): | \$ _____ |
| 4. - Scholarships/Grants | \$ _____ | | |
| 5. - 2% Discount (If paid in full by 9/1/11.) | \$ _____ | | |
| 6. - Tuition Deposit | \$ _____ | Notes: | _____ |
| 7. = Total Expenses | \$ _____ | _____ | _____ |
| 8. ÷ 1, 4 or 10 | _____ | _____ | _____ |
| 9. = Installment Amount | \$ _____ | _____ | _____ |
| 10. + TMS Enrollment Fee | \$ _____ | _____ | _____ |

Administrator Signature _____ Date ____/____/20____