

**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. \_\_\_\_\_  
First Middle Initial Last

Payer's Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Contact: Mr. Mrs. Ms. \_\_\_\_\_  
First Middle Initial Last

Payer's Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Payer's Email: \_\_\_\_\_  Please bill me electronically using the Email address provided.

**2 Plan Options:**

**10 Installments:**  
 Due 6/1/2018 to 3/1/2019

**PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED AND INCUR THE APPLICABLE ENROLLMENT FEE FOR THIS PLAN UNTIL GRADUATION OR CANCELLATION. ENROLLMENT FEES ARE SUBJECT TO CHANGE IN FUTURE ACADEMIC YEARS.**

**3 Enrollment Fee Payment:**

**TMS will invoice you the \$55 enrollment fee after your enrollment process is completed.**

**4 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 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.

Account Type (Choose one)  Checking Account – Bank Account #: \_\_\_\_\_  
 Non-Retirement Statement Savings Account – Bank 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 ENROLLMENT FEE AND BANK WITHDRAWALS FOR THIS PLAN UNTIL GRADUATION OR CANCELLATION. ENROLLMENT FEES ARE SUBJECT TO CHANGE IN FUTURE ACADEMIC YEARS.**

**5 Payer's Signature:** I hereby agree to any \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 and all information and agreements noted above: \_\_\_\_\_ Payer's Signature

**SCHOOL USE ONLY**

1. Total Plan Amount: \$ \_\_\_\_\_ Notes: \_\_\_\_\_

2. ÷ Number of Installments 10 \_\_\_\_\_

3. = Installment Amount \$ \_\_\_\_\_

4. Installments Paid At School (if any): \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 Administrator Signature