



# Joyful Response Electronic Payment Plan

Effective Date of Authorization: \_\_\_\_\_  
 Type of Authorization Form:  
 New Authorization     Account Information Change  
 Change Date          Change Amount

## Christian Children's Center Payment Program

Your tuition and extended care payments must be made automatically each week from your LCEF Steward Account, checking account, savings account, or credit card account. To enroll in the Joyful Response program, simply complete this form and return it to the Business Office. If you have any questions, please call the Business Office.

### PLEASE PRINT IN INK

Parent/Payer Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Payer SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Parent/Payer Email: \_\_\_\_\_

Parent/Payer Home Phone: (\_\_\_\_) \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### PAYMENT PLAN

Weekly Tuition \_\_\_\_\_ Multiplied by (*Number of Weeks*) = Total \_\_\_\_\_

Weekly Extended Care : \_\_\_\_\_ Multiplied by (*Number of Weeks*) = Total \_\_\_\_\_

Transfer Period First Transfer Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last Transfer Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Weekly
- Bi-weekly
- Other as approved by the Business Office

**Note:** Payment amounts may change as your child advances to a classroom for older children. You will be notified of the payment change and the automatic draft adjusted accordingly.

Semi-Annual Supply Fee: \_\_\_\_\_ **First Transfer Date:** : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### FROM ACCOUNT

- LCEF Steward Account
- Checking Account
- Savings Account

Name of Banking Institution: \_\_\_\_\_  
 Routing Number (between I:I: symbols on check): \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 (Please attach a copy of a voided check.)

### CREDIT CARD

Please Charge my payment to my (check one):  Visa  MasterCard  Diner  American Express  Discover Card

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

- Credit card payments incur a convenience charge of 2.75% for Visa, MasterCard, Diner, Discover and 3.5% for American Express. Please check here if this amount may be added to your payment.

I authorize the above-named organization to process debit entries from my account or charge my credit card. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

### OFFICE USE ONLY:

LCEF School ID#: S9150794

Authorized Signature for Account \_\_\_\_\_

Date \_\_\_\_\_

Student ID#: \_\_\_\_\_

## **PAYMENT PLAN AGREEMENT**

The parent(s) or guardian(s) understand that the tuition is due in advance each Monday beginning the first week of attendance. It is understood that the school may check the credit references of an applicant in order to determine his or her credit worthiness.

- Weekly payment plan through Electronic Funds Transfer (EFT).
- I agree to have BCA debit my:    checking    savings account via EFT
- I agree to have BCA charge my credit card.

## **OTHER CONDITIONS OF PAYMENT**

The parent(s) or guardian(s) understand that all payments, including tuition and fees, are due on the first day of the week. A late fee of 1 percent of the total outstanding balance will be added on the 20<sup>th</sup> of the month. If an account is 60 days delinquent, the child(ren) may be excluded from the CCC until the account is brought current. Accounts will be billed for returned checks, EFTs, or insufficient credit at the current rate of our primary banking institution (currently \$35).

If payment is stopped on an EFT account or credit card account without making other arrangements for payment with the school, the account will be considered delinquent. The child(ren) will be excluded from the CCC.

This signed agreement along with the non-refundable enrollment fee is required to hold a spot for the student. The parent(s) or guardian(s) agree that, in signing this enrollment agreement, they are agreeing to pay the required tuition and fees, and to accept and abide by the policies of Belvoir Christian Academy. A default of payment not settled within 60 days may result in dismissal of the child(ren) and all records will be held until this matter is settled.

The parent(s) or guardian(s) understand that they will be responsible for all costs of collection including reasonable attorney's fees and court costs in the event that collection by an attorney is necessary for any portion of the tuition or other charges.

The parent(s) or guardian(s) further agree to accept responsibility for the actions of their child(ren), to support and abide by the policies and procedures of Belvoir Christian Academy Board of Directors, and to remember the school, teachers, staff and administration in their prayers.

Further, it is understood that no re-enrollment application will be accepted for any child whose account shows an outstanding balance. Finally, your enrollment will be reevaluated annually should your account reflect an outstanding balance on June 1, 2016.

## **TUITION REFUND POLICY**

If the child must be withdrawn from the CCC, we require a two-week notice. If we do not receive a two-week notice of withdrawal, it is agreed upon that an early withdrawal fee of \$50 will be assessed to cover the costs of transfer of records, transcripts and any and all costs associated with the termination and/or transfer of enrollment. Monies owed will be the cost of tuition prorated based on the number of days attending the CCC, including the two-week notice. If weekly tuition has been paid by the family in advance, we will refund tuition that has been paid beyond the two-week notice period.

Finally, it is agreed, in the event that the family moves out of town (more than 50 miles) or it is recommended that the child(ren) be withdrawn from the CCC for reasons as determined by the administration, that I will be required to make only those payments which will bring my tuition balance to a current status based on attendance at the CCC.

Parent (or Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (or Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_