

Extraordinary Education Center

Tuition Installment Agreement

Parent Name: _____ Date of Agreement: _____

Student Names: _____

By signing this agreement, you agree to pay your full tuition and fees due via installment payments charged to your debit/credit card or paid by post-dated check. You further acknowledge that a Late Fee of \$10/WEEK will be charged for all checks that are returned unpaid OR credit/debit card payments that do not go through for whatever reason. In addition, you agree to pay all new charges added to your account after your initial registration.

	PAID	DUE NOW	FINANCE
REGISTRATION Fees <i>(May Tuition ; Due at Registration)</i>			
SUPPLY Fees <i>(Fall fees due by Aug 15th; Spring Fees due by Dec 15th)</i>			
AUGUST TUITION Fees <i>(Due by August 15th)</i>			
TOTAL DUE NOW <i>(Current Classjuggler balance)</i>			
Remaining Balance Due <i>(after Registration & August Tuition)</i>			
Tuition Amount due per MONTH			

CREDIT/DEBIT CARD OPTION

I authorize Extraordinary Education to charge my credit/debit card on the following dates for the balance due. I also agree to keep a valid credit card or debit card on file in my Classjuggler account at all times.

9/15/20__, 10/15/20__, 11/15/20__, 12/15/20__, 1/15/20__, 2/15/20__, 3/15/20__, 4/15/20__, 5/15/20__

Credit/Debit Card on file in Classjuggler Account: Account# XXX- _____ MasterCard Visa

Name on Card _____

Billing Address _____ City _____ Zip Code _____

POST-DATED CHECK OPTION

I authorize Extraordinary Education to deposit my post-dated checks on the following dates.

I agree to pay any additional amounts due within 30 days of the charge either by check or by credit/debit card.

Check # _____ Amount: \$ _____ Date to be deposited: 9/15/20__

Check # _____ Amount: \$ _____ Date to be deposited: 10/15/20__

Check # _____ Amount: \$ _____ Date to be deposited: 11/15/20__

Check # _____ Amount: \$ _____ Date to be deposited: 12/15/20__

Check # _____ Amount: \$ _____ Date to be deposited: 1/15/20__

Check # _____ Amount: \$ _____ Date to be deposited: 2/15/20__

Check # _____ Amount: \$ _____ Date to be deposited: 3/15/20__

Check # _____ Amount: \$ _____ Date to be deposited: 4/15/20__

Check # _____ Amount: \$ _____ Date to be deposited: 5/15/20__

Client Signature: _____ Date Signed: _____

Office Staff Signature: _____ Date Signed: _____