



IEPA AUTHORIZATION AUTOPAY ENROLLMENT

I submit my signature below to authorize IEPA to charge the credit card or checking account I have provided for the student tuition.

I understand these charges will be automatically processed on the 28th of every month and that it is my responsibility to update my billing information should any changes arise. (Payment for March will be February 26th.)

I understand that if a monthly payment cannot be processed due to outdated billing information or other circumstances and I fail to update my billing information by the end of the 1st week, management has the right to cancel the class or classes.

I understand that enrollment reserves my designated class indefinitely until I submit a request for withdrawal.

I understand that withdrawal from the monthly tuition program requires submission of the **Withdrawal Form** by the 1st of the preceding month in which I wish to withdraw from classes (e.g., withdrawal from April classes requires submission of Withdrawal Form by March 1st).

I understand that all sales are final, no refunds are provided for missed classes, and requests for rescheduling must be submitted at least 24 hours prior to class time.

Date Class Begins : _____

Day (s)/Time (s) : _____

Average Monthly Fee
(based on a 4 week month,
Proration for 3 and 5 week
months.) _____

Student Name (Print) : _____

Signature : _____ Date : _____