

[IEPA] TUITION PAYMENT OPTION PLAN

PLEASE **CHOOSE ONE** OF THE TWO OPTIONS BELOW FOR MONTHLY TUITION PAYMENT.

STUDENT NAME	1.	2.	3.
EMAIL ADDRESS			
PHONE NUMBER			

1. BANK TRANSFER AUTHORIZATION PAYMENT

I authorize INTERNATIONAL ENGLISH PREP ACADEMY (IEPA) to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Beginning in the MONTH OF _____ for the amount of TUITION FOR MONTHLY PAYMENT
(Example : 03.2020)
and accordingly thereafter per the MONTHLY TUITION AMOUNT.

Customer bank account information:

(Routing Number)

(Account Number)

Account type: Personal Checking Personal Savings Business Checking Business Savings

This payment authorization is to remain in effect until I, _____, notify
(Parents/Guardian Name)

INTERNATIONAL ENGLISH PREP ACADEMY (IEPA) of its cancellation by giving written notice before the next scheduled payment. Payment is due on the 28th of each month for the following month, and will be charged by automatic payment. (Payment for March will be Feb, 26th)

Customer Signature

Customer Printed Name

Date

2. DEBIT/CREDIT CARD PAYMENT

I prefer to use a Debit/Credit Card method of payment and agree to the **3% credit card company service fee** for transactions.

Customer Signature

Customer Printed Name

Date

DEBIT/CREDIT CARD INFORMATION

FIRST NAME (NAME ON CARD)		LAST NAME	
CREDIT CARD NUMBER			
CARD TYPE		CVV ₂	
EXPIRATION MONTH		EXPIRATION YEAR	
ZIP/POSTAL CODE			

STUDENT NAME		GRADE	
SEX		SCHOOL	
CLASS NAME		START DATE	
ADDRESS			