[IEPA] TUITION PAYMENT OPTION PLAN -BANK TRANSFER

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

STUDENT NAME		SCHOOL		CURRENT GRADE	

EMAIL ADDRESS		PHONE NUMBER	
HOME ADDRESS			

☐ **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 Submitting Date Listed Below** for the amount of TUITION FOR MONTHLY PAYMENT and accordingly thereafter per the **MONTHLY TUITION AMOUNT.**

Customer bank account information:

BANK NAME	
ROUTING NUMBER	
ACCOUNT NUMBER	
ACCOUNT HOLDER	
ACCOUNT TYPE	☐Personal Checking ☐Personal Savings ☐Business Checking ☐Business Savings

This payment authorization is to remain in effect until I, _____, notify
(Parents Name)
INTERNATIONAL ENGLISH PREP ACADEMY (IEPA) of its cancellation by giving written notice before the next scheduled payment. Payment is due on the 26th of each month for the following month, and will be charged by automatic payment. (Payment for March will be Feb, 24th)

_____ _____
Customer Signature Date

[IEPA] TUITION PAYMENT OPTION PLAN -DEBIT/CREDIT CARD

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

STUDENT NAME		SCHOOL		CURRENT GRADE	

EMAIL ADDRESS		PHONE NUMBER	
HOME ADDRESS			

☐ **2. DEBIT/CREDIT CARD PAYMENT**

I authorize INTERNATIONAL ENGLISH PREP ACADEMY (IEPA) to electronically make payment by my debit/credit card according to the terms outlined below. I acknowledge that electronic debit/credit card payment against my account must comply with United States law.

Terms of billing:
Beginning in the **MONTH OF Submitting Date Listed Below** for the amount of TUITION FOR MONTHLY PAYMENT and accordingly thereafter per the **MONTHLY TUITION AMOUNT.**

Customer Debit/Credit Card information:

FIRST NAME (NAME ON CARD)		LAST NAME	
CREDIT CARD NUMBER			
CARD TYPE		CVV2	
EXPIRATION MONTH		EXPIRATION YEAR	
ZIP/POSTAL CODE			

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

This payment authorization is to remain in effect until I, _____, notify
(Parents Name)
INTERNATIONAL ENGLISH PREP ACADEMY (IEPA) of its cancellation by giving written notice before the next scheduled payment. Payment is due on the 26th of each month for the following month, and will be charged by automatic payment. (Payment for March will be Feb, 24th)

_____ _____
Customer Signature Date