



MCL PRESCHOOL

Tuition Payment Authorization Form

School Year: _____

PRIMARY INFORMATION

Student Name 1:	Grade:	Student Name 2:	Grade:	Student Name 3:	Grade:
Student Name 4:	Grade:	Student Name 5:	Grade:	Student Name 6:	Grade:
Parent/Guardian Last Name:			Parent/Guardian First Name:		
Primary Address:					
City:		State:		Zip Code:	
Email:				Phone:	

STEP 1: SELECT A TUITION PAYMENT PLAN (Indicate your preferred payment plan)

MONTHLY PAYMENT PLAN: Monthly payments of \$ _____ due on the 10th of each month OR
**Debit/Credit or ACH* Monthly payments of \$ _____ due on the 20th of each month

SPLIT MONTHLY PAYMENT PLAN: 1/2 Due on the 10th of each month in the amount of \$ _____
**Debit/Credit or ACH* 1/2 Due on the 20th of each month in the amount of \$ _____

STEP 2: SELECT A TUITION PAYMENT METHOD (Indicate your preferred method of payment)

CHECKING / SAVINGS ACH	Please debit payment from my (select one): <input type="checkbox"/> CHECKING ACCOUNT (provide a voided check) <input type="checkbox"/> SAVINGS ACCOUNT (contact your financial institution for routing number)	Routing Number: _____ Account Number: _____
I authorize MCL to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____		Date: _____

CREDIT / DEBIT CARD	<u>A 2.75% convenience fee will be added to all credit/debit card transactions over \$100.</u>		
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Expiration Date: _____ CVC#: _____
	Card Number: _____		
	Name on Card: _____		Billing Address (if different from above): _____
I authorize MCL to process transactions in accordance with the information above.			
Authorized Signature: _____		Date: _____	