



# MCL Early Childhood Center

## Tuition Payment Authorization Form

**VALID TILL 12/31/2023**

**PRIMARY INFORMATION**

Student Name 1:	Grade:	Student Name 2:	Grade:	Student Name 3:	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 10th of each month OR  
 \*Debit/Credit or ACH Monthly payments of \$\_\_\_\_\_ due on 20th of each month

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

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

<b>B A N K  A C C O U N T</b>	Please debit payment from my (select one): <input type="checkbox"/> <b>CHECKING ACCOUNT</b> (provide a voided check) <input type="checkbox"/> <b>SAVINGS ACCOUNT</b> (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: _____

<b>C A R D  P A Y M E N T</b>	<b><i>A 3.00% convenience fee will be added to all credit/debit card transactions over \$100.</i></b>		
	<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: _____	