



# MCL SCHOOL AGE CARE (SAC)

## Tuition Payment Authorization Form

**VALID TILL 12/31/2023**

### 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)

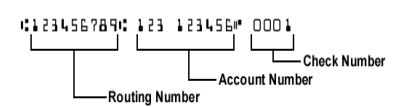
**MONTHLY FLAT-RATE AGREEMENT:** Monthly flat-rate agreement signed of **\$325.00** due by the 10th of each month starting in August 2022 through May 2023.\*  
\*Debit/Credit or ACH \*ONLY FOR THOSE WHO SIGNED THE ANNUAL FLAT-RATE SAC AGREEMENT

**SPLIT MONTHLY HALF-RATE:** Monthly flat-rate agreement signed: Half due by the 10<sup>th</sup> and half on the 20<sup>th</sup> of each month in the amount of **\$162.50** per payment\*  
\*Debit/Credit or ACH \*ONLY FOR THOSE WHO SIGNED THE ANNUAL FLAT-RATE SAC AGREEMENT

**MONTHLY PAYMENT BY USAGE:** For student(s) who are **NOT** on the Annual Agreement: Monthly payments of balance due on the 10th for previous month's usage based on hourly and/or daily rates.  
\*Debit/Credit or ACH For example: Usage total for the month of August is billed by September 10th.

### 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):		Routing Number: _____
	<input type="checkbox"/> <b>CHECKING ACCOUNT</b> (provide a voided check)		Account Number: _____
	<input type="checkbox"/> <b>SAVINGS ACCOUNT</b> (contact your financial institution for routing number)		



Routing Number      Account Number      Check 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: _____
	Card Number: _____		CVC#: _____
	Name on Card: _____	Billing Address (if different from above): _____	

I authorize MCL to process transactions in accordance with the information above.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_