



MCL Early Childhood Center

Tuition Payment Authorization Form

2023-2024

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 10th of each month in the amount of \$_____
 *Debit/Credit or ACH 1/2 Due on the 10th of each month in the amount of \$_____

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

B A N K A C C O U N T	Please debit payment from my (select one): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> CHECKING ACCOUNT (provide a voided check) <input type="checkbox"/> SAVINGS ACCOUNT (contact your financial institution for routing number) </div> <div> Routing Number: _____ Account Number: _____ </div> </div> <div style="text-align: right; margin-top: 10px;"> </div> <p style="font-size: small; margin-top: 10px;">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.</p> <p>Authorized Signature: _____ Date: _____</p>
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C A R D P A Y M E N T	<p style="color: red; text-align: center; font-weight: bold; margin: 0;"><i>A 3.00% convenience fee will be added to all credit/debit card transactions over \$100.</i></p> <p> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover </p> <p> Expiration Date: _____ CVC#: _____ </p> <p>Card Number: _____</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name on Card:</td> <td>Billing Address (if different from above):</td> </tr> </table> <p style="font-size: small; margin-top: 5px;">I authorize MCL to process transactions in accordance with the information above.</p> <p>Authorized Signature: _____ Date: _____</p>	Name on Card:	Billing Address (if different from above):
Name on Card:	Billing Address (if different from above):		

