



MCL Early Childhood Center

Tuition Payment Authorization Form

2024-2025

PRIMARY INFORMATION

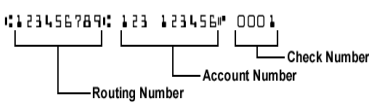
Student Name 1:	Grade:	Student Name 2:	Grade:	Student Name 3:	Grade:
Parent/Guardian Last Name:			Parent/Guardian First Name:		
Primary Address:					
City:		State:		Zip Code:	
Email:				Phone:	

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): <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: _____

C A R D P A Y M E N T	<i>A 3.00% convenience fee will be added to all credit/debit card transactions over \$100.</i>		
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Expiration Date: _____
	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: _____	

