

Carmel Academy of Performing Arts

Mission & 8th/PO Box 1586, Carmel CA 93921 / Ph. 831-624-3729 / Fax 831-624-4381
Monday-Friday 9:00am-noon & 3:30-6:30 and Saturday 9:30am-1:30pm

PAYMENT AGREEMENT FOR ALL REGISTERED FAMILIES

CHECK ONE BOX: This is a **NEW '09-'10** Payment Agreement This is a **REVISED** Payment Agreement

Student's Name(s): _____ Home Phone # _____

Parent's Name(s): _____ Cell Phone # _____

DIRECT PAYMENT AUTHORIZATION: NO LATE FEES! NO MISSED PAYMENTS! NO WORRIES! The Carmel Academy of Performing Arts is excited to offer a DIRECT PAYMENT plan to our families for the second year. At the time of registration, families will complete this Payment Authorization Form along with their Class Registration Card. Your tuition payments will be made each month on the 2nd via an automatic charge to your credit or debit card, (Visa or MasterCard.) Any credit or debit card with the VISA or MASTERCARD symbol is accepted. You will receive an e-mail notification each time a payment is processed. **If you do not use e-mail, you are responsible for contacting the Academy with any questions regarding your account.** CLASS DROPS MUST BE MADE BY COMPLETING & RETURNING A GREEN CLASS CHANGE FORM IN PERSON by the 15th of any current month to be effective by the 1st of the following month. The authority you give to automatically charge your tuition remains in effect until you notify the Academy in writing & in person to terminate it by submitting DROP FORM, which are available in lobby & on our website.

I authorize the Carmel Academy of Performing Arts to initiate electronic payments for the balances due on my Carmel Academy of Performing Arts account. I understand that the monthly amount charges will be determined by my class enrollment/tuition fee amount and may vary depending on class ADDS or DROPS and also as any other payments or charges are applied to my account based on my activities at the Academy. I understand that the payment will be initiated on the 2nd of each month for any balance due on my account at that time. **I understand that there will be a \$10 bank fee for ANY payment that does not go through due to expired card, stolen card, closed account, insufficient funds, OR ANY other reason and that I will then be required to make that payment in the lobby by the 7th.** I understand that I will be given the *option* to use my Direct Payment Account to pay for added classes throughout the school year. **I understand that if I chose to make an early payment to the Academy during lobby hours no later than the 25th of the current month that covers my account balance in full, then my credit/debit card will not be charged on the 2nd of that following month.** CHANGES TO MY DIRECT PAY INFO. MUST BE MADE IN PERSON BY THE 25TH OF THE MONTH!

Payment Information* Complete ONE of the following two sections-filling in all SEVEN items:

<input type="checkbox"/> VISA Account Number	_____	_____
Expiration Date	_____	Billing Zip Code:
Account Holder's Name	_____	Birth Date:
Account Holder's Signature	_____	Today's Date:
<input type="checkbox"/> MasterCard Account Number	_____	_____
Expiration Date	_____	Billing Zip Code:
Account Holder's Name	_____	Birth Date:
Account Holder's Signature	_____	Today's Date:

SIGN IN THIS BOTTOM BOX ONLY IF YOU ARE "OPTING OUT" OF THE DIRECT PAY PROGRAM!

I CHOOSE TO "OPT-OUT" of authorizing direct payments, and I UNDERSTAND that upon registration I will make a payment by cash, check or VISA/MC credit card **that includes ALL of the following THREE items** 1) the annual non-refundable registration fee for my family, 2) my non-refundable tuition for my first partial OR full month as applicable, 3) **a deposit payment in the amount of one-and-a-half months of tuition as my "last payment in advance" which-if you remain registered for the entire school year-covers May 1st through June 13th 2010.** **I understand** that I will not receive any billing reminders and that I am responsible for making my payments on the 1st. **I understand** that if my tuition payment is not received by the 7th of each applicable month a \$20.00 late fee will be added to my account and that **I WILL NOT RECEIVE ANY REMINDERS.** **I understand** that any check returned by my bank will result in a \$20.00 return fee. **I understand** that if my payment is not received by the 15th of any applicable month that my "last payment in advance" may be applied to my account & **THEN I UNDERSTAND THAT TO REMAIN ENROLLED IN CLASSES AT THE ACADEMY I MUST COME IN DURING LOBBY HOURS AND SWITCH TO THE DIRECT PAY SYSTEM BY THE 25TH OF THAT MONTH.**

"OPT-OUT" Parent or Guardian's Signature _____ Date: _____

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