

Family Christian Academy
EDUCATION FEE OPTIONS CONTRACT

PAYMENT PLANS

Current School Year:

- | |
|------------------------------------|
| <input type="checkbox"/> 2012-2013 |
| <input type="checkbox"/> 2013-2014 |
| <input type="checkbox"/> 2014-2015 |
| <input type="checkbox"/> 2015-2016 |

Family Christian Academy offers the following Payment Plans. Please choose one.

OPTION 1 – 10 MONTHLY PAYMENTS PLAN

Education Fee will be paid monthly by the 1st of the month beginning August 1 of each school year and ending May 1 of each school year. **IF ANY PAYMENTS ARE MADE AFTER THE 1st A LATE FEE OF \$35.00 WILL BE ASESSED AND THE ACCOUNT WILL BE ASSIGNED AS AN AUTOMATIC WITHDRAWAL ACCOUNT FOR THE REMAINDER OF THE ACCOUNT TERM. ANY RETURNED CHECKS FOR INSUFFICIENT FUNDS, WILL INCUR A \$35.00 FEE ON YOUR ACCOUNT.**

OPTION 2 – 12 MONTHLY PAYMENTS PLAN (Returning Students only)

Education Fee will be paid monthly by the 1st of the month beginning August 1 of each school year and ending July 1 of each school year. **IF ANY PAYMENTS ARE MADE AFTER THE 1st A LATE FEE OF \$35.00 WILL BE ASESSED AND THE ACCOUNT WILL BE ASSIGNED AS AN AUTOMATIC WITHDRAWAL ACCOUNT FOR THE REMAINDER OF THE ACCOUNT TERM. ANY RETURNED CHECKS FOR INSUFFICIENT FUNDS, WILL INCUR A \$35.00 FEE ON YOUR ACCOUNT.**

OPTION 3 – TWO PAYMENT PLAN – 2% DISCOUNT ON TUITION

Education Fee will be paid monthly by the 1st of the month by August 1 and January 1 of the current school year. **IF PAYMENTS ARE NOT PAID ON DUE DATE ALL OR ANY DISCOUNTS WILL BE VOIDED AND FULL TUITION WILL BE DUE. ANY RETURNED CHECKS FOR INSUFFICIENT FUNDS, WILL INCUR A \$35.00 FEE ON YOUR ACCOUNT.**

OPTION 4 – ONE PAYMENT PLAN – 5% DISCOUNT ON TUITION

Education Fee will be paid by August 1 of the current school year. **IF PAYMENT IS NOT PAID ON DUE DATE ALL OR ANY DISCOUNTS WILL BE VOIDED AND FULL TUITION WILL BE DUE. ANY RETURNED CHECKS FOR INSUFFICIENT FUNDS, WILL INCUR A \$35.00 FEE ON YOUR ACCOUNT.**

ALL PAYMENTS ARE DUE BY THE 1ST OF EACH MONTH AND CONSIDERED LATE IF NOT PAID BY THE DUE DATE.

Responsible Billing Party Signature _____ Date _____

Responsible Billing Party Signature #2 _____ Date _____