e-Billing and Payments

Providence Academy is pleased to introduce new payment options for the 2018-19 school year. We will continue to use the on-line billing and payment system to deliver monthly student invoices and accept on-line payments.

The annual tuition will be billed according to the new enrollment contract, with ten (10) equal monthly payments beginning July 1, 2018 through April 1, 2019 by Direct Payment. If you wish to use a credit card as a form of payment for tuition, you will be billed 100% of the annual tuition on July 1, 2018 along with a **2% service fee.** Payment for all other charges including, lunch, books, bus, Kidventures, etc., will be due monthly by check or ACH in addition to the established tuition payment plan.

To receive the monthly e-billing statements, we request that you provide us with up to two (2) e-mail addresses and select the tuition payment option that fits your needs.

Please complete and return this form to the Business Office by March 15, 2018.

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E-Billing and Payment Information

Parent Name(s) ____

Students full name(s)____

Billing e-mail address(es)____

- I request to be billed 100% of the tuition on 7/1/18, with the option of paying by credit card with a 2% service fee on credit card payments.
- I request to have tuition billed in 10 equal monthly installments beginning on 7/1/18 through 4/1/19 via Direct Payment. (Please complete the authorization form below).

Authorization for Direct Payment for 10 Month Installment Plan ONLY

I authorize the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

________________________________ ________________________________

Name of your financial institution City, State, Zip

____________ ____ ____ ________________________________

Account number Checking Savings Routing Number (Between these symbols **I:** **I:** on the bottom left of your check)

____

Signature Date

____

(Name – Please print)

____

(Address, City, State, Zip – Please print)

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