

This form must be returned to the school office at time of registration.

Happy Day Learning Center Automatic Tuition Payment Agreement

Please complete all information requested below.

1. Person responsible for payment (must be authorized signer on the account listed in Section 2)

Name: _____
Last First

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Daytime Phone #: _____ Cell Phone #: _____

2. Payment (Checking account only - please attach a voided check and copy of driver's license)

Routing Number:

Account Number:

3. Payment Information

-Payment date: 5th of the month (if payment date falls on a weekend or holiday, payment will be attempted the following business day.) Frequency - MONTHLY

For Office Use Only
Annual Tuition due: \$ _____
Number of Installments _____
Amount/Installment \$ _____

4. Important Fee Information

-\$25. Returned Payment Fee will be charged on all payments returned for non-sufficient funds.

-All changes in address, phone numbers, bank information, etc. must be submitted in writing at least 2 weeks prior to payment date.

5. Authorization

By signing this agreement, I agree to be the Responsible Party and be bound by the terms and conditions contained within this Happy Day Learning Center Automatic Tuition Payment Agreement as well as in the Parent Manual.

X _____
Signature of authorized signer Print Name Date