

MAP

Agreement #

Automatic Tuition Payment Agreement

I desire to budget tuition payments to Lanakila Baptist Schools through the MAP program. I authorize Lanakila Baptist Schools through its bank to establish automatic payments from my bank account as identified below in this agreement. These payments are in accordance with the terms below and should continue until the total balance owed is paid in full. I UNDERSTAND THAT THE \$40.00 NON-REFUNDABLE ANNUAL ENROLLMENT FEE WILL BE IMMEDIATELY DEDUCTED FROM MY ACCOUNT LISTED BELOW. I also understand that a \$25.00 missed payment fee will be automatically deducted from my account for each payment attempt that is missed. The responsible party must make any changes to this agreement.

This agreement will automatically renew for the next year at next year's rates upon receipt of a re-enrollment form for the next school year. If no re-enrollment form is received, this agreement will terminate after the last payment has been received.

I. Personal Information:

Student Name

Personal Information

Responsible Party Name (Name must match signature below.)

SSN#

Address

Phone Number

City, State, Zip Code

II. Bank Information

Bank Name

Bank Routing Number

Account Number (Savings account cannot be passbook type)

III. Payment Schedule and Terms

Complete the information below:

Total Balance:

of Payments

Amount of Each Payment:

Month of First Payment:

Day of Month for Payment:

Please Read:

The Annual Enrollment Fee for the MAP program is \$40 for one agreement; \$20 for the second agreement, and no charge for each agreement after. I agree that the non-refundable MAP Enrollment fee will be processed immediately upon receipt of this agreement.

Account Type

Checking

Savings

Important:

I also understand that a \$25.00 missed payment fee will be automatically deducted from my account for each payment attempt that is missed.

X _____
Signature of Responsible Party Date

By signing this agreement, the responsible party guarantees he/she is an authorized signer for the account provided on this agreement. Also, that he/she has read the back of this agreement.

X _____
School Signature Date

Attach voided check or savings account information here.

*If you are changing banks or bank account, please attach a voided check from your new account. Please verify that the account allows automatic payments.

TERMS AND CONDITIONS

1. This agreement is for budgeting purposes only and does not reflect your actual tuition bill. If your child(ren) discontinue enrollment, your tuition will be prorated and any balance due will be deducted through this agreement.
2. Lanakila Baptist Schools reserves the right to cancel this agreement at anytime. If this agreement has been canceled, the balance of tuition is due in full immediately.
3. This agreement authorizes Lanakila Baptist Schools, through its bank, to establish automatic payments from bank account identified in Section II of this agreement.
4. The responsible party must make any changes to this agreement.
5. This agreement will automatically renew for the next school year, at the next year's rates upon receipt of a re-enrollment form for the coming year. If no re-enrollment form is received, this agreement will terminate after the last payment has been made.
6. The annual enrollment fee for the MAP program is \$40.00 for one agreement, \$20.00 for the second agreement and no charge for each agreement after that. I agree the non-refundable MAP enrollment fee will be processed immediately upon receipt of this agreement.
7. I understand that a \$25.00 missed payment fee will be automatically deducted from my account for each payment attempt missed.
8. A three business day notice must be given to make any changes to or stop a tuition deduction.