

MARSHALL ACADEMY 2017-2018 PAYMENT OPTION FORM

Annual payments may be paid by cash, bank draft or credit card.

Monthly payments will be accepted by bank draft or credit card ONLY.

Please make your payment selection below. Complete & sign the bottom portion of the form.

If you elect to pay IN FULL annually, please mark the appropriate box:

- I will pay IN FULL by cash/check on or before June 15, 2017
Tuition - \$ _____
- I elect my IN FULL payment to be taken by Bank or credit card draft - Please complete the appropriate section below

Monthly or Yearly Payments:

BANK DRAFT

Marshall Academy is hereby authorized to establish a bank draft for payment of tuition/fees. I further authorize Marshall Academy and the Bank of Holly Springs to initiate entries to my checking or savings accounts and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect through the 2017-2018 school term or until the school, bank and your financial institution have reasonable opportunity to act on it. **A voided check or savings slip for this account must accompany this authorization to obtain necessary financial institution information, or provide complete bank information.**

Bank Name _____ Type of Acct: ___Checking ___Savings

Account # _____ Bank Routing # _____

Name on Account: _____

___Annual: June Tuition \$ _____

___Monthly: June-May (12 Payments)

Draft Date: ___1st ___15th

DRAFT AMOUNT: \$ _____

CREDIT CARD*** 2.5% Convenience Fees apply to all credit card payments***

Marshall Academy is hereby authorized to initiate entries for payment of tuition/fees to my credit card as listed below. I further authorize Marshall Academy to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect through the 2017-2018 school term or until the school or credit card service have reasonable opportunity to act on it.

Type of Credit Card: ___VISA ___MasterCard ___Discover ___American Express (3.5% fee)

Card Information: Name: _____

Account Number: _____ Expiration Date: _____

___Annual: June Tuition \$ _____

___Monthly: June-May (12 payments)

Draft Date: ___1st ___15th

DRAFT AMOUNT: \$ _____

PARENT NAME: _____

STUDENT(S) NAME: _____

Please provide a contact email address: _____

SIGNATURE

DATE