

# Payment Plan Agreement Form

School Year August 2018-June 2019

Fineline Theatre Arts

77 Railroad Street

New Milford, CT 06776

Student Name \_\_\_\_\_

## Date

<p>If Registered before mid August</p> <p><input type="checkbox"/> 10 month Payment Plan</p> <p>Registration Fee: \$55 Add'l Child: \$15 per</p> <p>Total Tuition: Divided by 10:</p>	<p>If Registered before mid September</p> <p><input type="checkbox"/> 9 month Payment Plan</p> <p>Registration Fee After Sept 1st: \$75 Add'l Child: \$35 per</p> <p>Total Tuition: Divided by 9:</p>	<p>If Registered after September</p> <p><input type="checkbox"/> Variable Plan/ Paid in full by May 1st</p> <p>Registration Fee After Sept 1st: \$75 Add'l Child: \$35 per</p> <p>Total Tuition: Divided by___:</p>
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### Tuition

Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May

### Tuition

Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May

### Tuition

Oct
Nov
Dec
Jan
Feb
Mar
Apr
May

### Fee Schedule Invoiced Separately

- |  |   |
|--|---|
| <input type="checkbox"/> Legit Play: \$225   | <b>Due September 1st</b>                  |
| <input type="checkbox"/> Nutcracker Performance Fee: \$100/150   | <b>Due October 15th</b>                   |
| <input type="checkbox"/> Acting/Musical Theatre Performance Fee/Winter & Spring \$125                    | <b>Due October 15th</b>                   |
| <input type="checkbox"/> SpringFest Performance Fee: Based on number of pieces                           | <b>Due January 15th</b>                   |
| <input type="checkbox"/> Vocal Performance Accompanist Fee: Divided evenly amongst class/ 2 installments | <b>Due November 15th &amp; March 15th</b> |

### Option One:

- I will pay by cash, check or online payment monthly. My credit card or banking information will be used in the event that my account is past due and a \$20 late fee will be added to my invoice. If my account is past due 2 months in a row I understand that I will be automatically enrolled in the automatic payment plan and that all separate fee invoices that apply will be automatically paid as well.

### Option Two:

- I will enroll in the automatic payment plan. All fees will be automatically paid when due.

I agree by signing this agreement to pay by the 1st of each month listed above the installment payment due. All fees invoiced separately will be due on the dates listed above if applicable. If my payment is declined or returned I agree to pay a \$20 transaction fee for the first occurrence and \$35 per occurrence thereafter. All payments received are applied to the oldest invoices due. I agree that it is my responsibility to update my payment information when necessary.

**Credit Card Information: We accept MasterCard, Visa, Discover & Amex**

Name on Card \_\_\_\_\_  
Card Number \_\_\_\_\_  
CVV Code \_\_\_\_\_  
Expiration Date Month/Year \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Zip Code \_\_\_\_\_

**or Via Bank Transfer**

Banking Information  
Name of Institution \_\_\_\_\_  
Account Number \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Type    Personal Checking    Personal Savings  
                         Business Checking    Business Checking  
Phone number \_\_\_\_\_  
Name on Account \_\_\_\_\_

I authorize Fineline Theatre Arts, LLC to automatically bill the credit card or banking network listed above for the transactions listed above.

Signature \_\_\_\_\_  
Date \_\_\_\_\_