

Payment Plan Agreement Form

School Year August 2020-June 2021

Fineline Theatre Arts

77 Railroad Street

New Milford, CT 06776

Student Name _____

Date _____

If Registered before mid September

If Registered before mid January

If Registered before mid April

First Semester 10 wks

Registration Fee Before

Sept 1st: \$55

Add'l Child: \$15 per

Registration Fee after

Sept 1st : \$75

Add'l Child: \$35 per

Total Tuition:

Divided by 3 or 4:

Second Semester 12 wks

No Fee if registered for

1st Semester

Reg Fee: \$75

Add'l Child: \$35 per

Total Tuition:

Divided by 3:

Third Semester 10 wks

No Fee if registered for

1st Semester

Reg Fee: \$75

Add'l Child: \$35 per

Total Tuition:

Divided by 3:

Tuition

**Aug	
Sept	
Oct	
Nov	

Tuition

**Dec	
Jan	
Feb	
Mar	

Tuition

Apr	
May	
June	

**** Additional months for payment only if registered by August 15th or December 15th respectively**

Your child may not perform or participate in classes if you tuition is past due

Fee Schedule Invoiced Separately

Legit Play: \$225

Due January 1st

Acting/Musical Theatre Performance Fee/Winter \$75/ \$175 (depending on class)

Due October 1st

Acting/Musical Theatre Performance Fee/Spring InHouse or Virtual \$75/ In Theatre \$125

Due February 15th

SpringFest Performance Fee: Based on number of pieces

Due March 1st

Vocal Performance Accompanist Fee:

Divided evenly amongst class/ 2 installments

Due November 15th & March 15th

Option One:

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

Option Two:

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.

By signing this agreement, I agree to pay the above listed installment payments by the 1st of each month. 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. **If my payment is declined due to an expired card I agree to pay a \$20 declined fee.**

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 _____