Payment Plan Agreement Form

School Year August 2020-June 2021

Fineline Theatre Arts

Student Name

77 Railroad Street

New Milford, CT 06776

Dat	e										
If Registered before mid September			If Registered before mid January		If Registered before mid April						
\checkmark	First Se	emester 10 wks	\checkmark	Second	Semester 12 wks	5 🗸	Third S	Semester 10 wks			
	Registration Fee Before			No Fee i	f registered for		No Fee if registered for				
	Sept 1st: \$55			1st Sem	ster		1st Semester				
	Add'l Ch	Add'l Child: \$15 per									
	Registration Fee after			Reg Fee: \$55			Reg Fee: \$55				
	Sept 1st : \$75										
	Add'l Child: \$35 per			Add'l Child: \$35 per			Add'l Child: \$35 per				
	Total tuition Divided by 3 or			4: Total tuition Divided by 3 or 4:			Total Tuition Divided by 3:				
	*** When we get the OK to go back to normal some class times										
	may be extended and change tuition for subsequent semesters***										
	Tuition		_	Tuition			Tuition				
	**Aug			**Dec			Apr				
	Sept			Jan			May				
	Oct			Feb			June				
	Nov			Mar							
	Total	\$0.00		Total	\$0.0	0	Total	\$0.00			
	** Additional months for payment only if registered by August 15th or December 15th resp										
	Your child may not perform or participate in classes if you tuition is past due							ast due			
	Fee Sch	edule Invoiced S	epara	ately							
	Legit Play: \$225					Due	January	/ 1st			
	Acting/Musical Theatre Performance Fee/ \$75/ \$175 (depending on class)			Winter	Due	Novemb	per 1st				
	Acting/Musical Theatre Performance Fee/S InHouse or Virtual \$75/ In Theatre \$125				'Spring	Due	Februar	ry 15th			
	SpringFe	est Performance F of pieces	ee: B	ased on		Due	April 1s	t			

Option One:

installments

Vocal Performance Accompanist Fee:

Divided evenly amongst class/ 2

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 - either in full or 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.

Due November 15th &

March 15th

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 Informa	ation: We accept Master	Card, Visa, Discover & Ame
Name on Card		
Card Number		
CVV Code		
Expiration Date	Month/Year	
Billing Address		
Zip Code		
or Via Bank Tran	isfer	
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	