

Payment Plan Agreement Form

School Year August 2023-June 2024

Fineline Theatre Arts

77 Railroad Street

New Milford, CT 06776

Student Name _____

Date 2023

If Registered before mid September

If Registered before mid January

If Registered before mid April

First Semester 12 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 10 wks

No Fee if registered for

1st Semester

Reg Fee: \$55

Add'l Child: \$35 per

Total tuition Divided by 3 or 4:

Third Semester 10 wks

No Fee if registered for

1st Semester

Reg Fee: \$35

Add'l Child: \$15 per

Total Tuition Divided by 3:

Tuition

**Aug	
Sept	
Oct	
Nov	
Total	\$0.00

Tuition

**Dec	
Jan	
Feb	
Mar	
Total	\$0.00

Tuition

Apr	
May	
June	
Total	\$0.00

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

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

Fee Schedule Invoiced Separately

- WinterFest (Dance) Perf. Fee: Based on number of pieces **Due November 1st**
- SpringFest (Dance) Perf. Fee: Based on number of pieces **Due April 1st**

Option One:

- Please enroll me in the **Automatic payment plan**. All fees will be automatically paid when due. FineLine will charge my card on file or bank account each month as listed above plus all fees.

Option Two:

- I will be responsible to 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.

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 _____