



OFFICE USE ONLY
INVOICE #: _____
INITIALS: _____

2024-25 Deferred Payment Plan Agreement

Parent's Last Name First Name Phone

Student's Last Name First Name

Please select one:

[] (INITIALS) AUTO PAY: I hereby authorize The Colburn School to automatically charge the credit card or bank account listed below on a monthly basis, plus a one-time set-up fee. I agree to submit the first payment along with this Agreement. Subsequent payments will be automatically charged to my credit card account on the 15th of each month in the amount indicated below.

OR

[] (INITIALS) I am requesting a payment plan where I will be responsible to make my payments in-person, by mail, or via an online payment through the student's monthly billing statement, each month until paid in full.

Start Date: 15th of _____ End Date: 15th of _____
(Month) (Month)

Total Tuition including the payment plan fee*, if applicable: \$ _____

*\$40 fee for single semester enrollment or \$80 fee for year-long enrollment.

NOTE: 2.99% service fee will be added for all debit/credit card payments. The service fee is NOT included in the amount listed above.

Monthly Payment Amount: \$ _____

Additional Terms of Agreement: See reverse side of agreement.

I certify that I am an authorized user of this credit card or bank account and will not dispute these scheduled transactions with my credit card company or bank, so long as the transactions correspond to the terms indicated in this Agreement.

X

Authorization Signature Print Name Date

The Colburn School is committed to protecting your privacy and complies with the California Consumer Privacy Act (CCPA). All personal and payment information provided will be handled in accordance with our privacy policy and applicable state laws.

CC TYPE*: [] VISA [] MASTERCARD [] DISCOVER

*2.99% service fee will be added for all debit/credit card payments. The service fee is NOT included in the amount listed in the section above.

Cardholder Name: _____

Credit Card No: _____ CVV: _____ Exp. Date: _____

Billing Address: _____

E-CHECK (Tuition can be paid via a free e-check option. The 2.99% service fee will not be charged for this option.)

Account Type: [] CHECKING [] SAVINGS [] BUSINESS CHECKING

Routing Number: _____

Account Number: _____

Additional terms of Agreement:

1. If the credit card or bank account is declined when charged automatically or if payments are not made by the 15th of the month, a **late fee of \$35** will be assessed. Additional late fees will be assessed on the 15th of each month if payment remains delinquent.
2. This agreement will remain in effect until tuition is paid in full according to the schedule of payments above. **Withdrawing from a class does not guarantee cancellation of remaining payments.** Cancellation of remaining payments is subject to the Dean's approval.
3. The Colburn School has the right to terminate automatic payment service at any time with written notice. If you wish to cancel this agreement, please contact the Cashier in writing at egarcia@colburnschool.edu within 5 business days of the proposed termination date.
4. It is the responsibility of the cardholder or bank account holder to notify The Colburn School of any changes to the credit card or bank account such as expiration date, account number, etc.
5. Approval of any payment agreement is at the sole discretion of The Colburn School. Any outstanding balance due to The Colburn School must be paid in full prior to being granted a payment agreement.
6. In the event of any disputes or grievances related to the charges authorized by this form, the cardholder or bank account holder agrees to contact The Colburn School directly to resolve the issue before initiating a dispute with the credit card company or bank. The school will make reasonable efforts to address and resolve any concerns in a timely and fair manner.