

2019-20 PAYMENT OPTIONS



Columbia Association
**school
age
services**

We offer five payment options to our families for the Before and After School Program. Please check the option you prefer, sign and date in the space provided and return to the School Age Services Division with your payment for **OPTIONS 1 and 2 by Aug. 1 for OPTIONS 3, 4 or 5 by July 20** (this is to allow time for processing the information into the billing system).

Name _____

Child/children's name _____

Address _____

Phone _____

Child/children's school(s) _____

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 OPTION 1: Annual Payment Plan One — pay by August 1, 2019 and receive a 10% discount.

Discount will be forfeited if the child is withdrawn or program is changed before the end of the school year.

- AM only \$1,649.70 (\$183.30 discount applied Monday, May 4, 2020)
- PM only \$2,351.70 (\$261.30 discount applied Monday, May 4, 2020)
- AM and PM \$4,001.40 (\$444.60 discount applied Monday, May 4, 2020)
- Full-Day Payment Plan: Add \$850

FORM OF PAYMENT:

Check attached # _____ Amount \$ _____

OR:

Credit card # Expiration date _____

Please charge my credit card in the amount of \$ _____

Print name as it appears on card _____

Signature _____ Date _____

OPTION 2: Biannual Payment Plan — two payments due by August 1, 2019, and January 3, 2020; make both and receive a 5% discount. Discount will be forfeited if the child is withdrawn or program is changed before the end of the school year.

- AM only — first payment \$870.68; second payment \$870.67; total \$1,741.35 (\$91.65 discount applied Monday, May 4, 2020)
- PM only — first payment \$1,241.18; second payment \$1,241.17; total \$2,482.35 (\$130.65 discount applied Monday, May 4, 2020)
- AM and PM — both payments \$2,111.85; total \$4,223.70 (\$222.30 discount applied Monday, May 4, 2020)
- Full-Day Payment Plan: Add \$425 to each

FORM OF PAYMENT:

Check attached # _____ Amount \$ _____

OR:

Credit card # Expiration date _____

Please charge my credit card in the amount of \$ _____

Print name as it appears on card _____

Signature _____ Date _____

PLEASE NOTE: A new form and payment must be submitted in January 2020 as we cannot charge your credit card automatically.

OPTION 3: Automatic Debit from a Credit Card Please charge my credit card for registered SAS services on the third of each month, beginning Aug. 3, 2019, with final payment charged on May 4, 2020.

I understand and agree that if the above transaction falls on a weekend or a holiday, the payment may be executed on the next business day. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), Columbia Association will assess a NSF fee of \$40, which must be paid within 30 days. The NSF fee will be initiated as a separate transaction on your account. I certify that I am the authorized user of the credit card/bank account and will not dispute this transaction with my back or credit card company, so long as the transaction corresponds to the terms indicated in this authorization form. **Initial** _____

Credit card # Expiration date _____

Print name as it appears on card _____

Signature _____ Date _____

OPTION 4: Automatic Debit from a Bank Account Please automatically debit my bank account card for registered SAS services on the third of each month, beginning Aug. 3, 2019, with final payment charged on May 4, 2020.

I understand and agree that if the above transaction falls on a weekend or a holiday, the payment may be executed on the next business day. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), Columbia Association will assess a NSF fee of \$40, which must be paid within 30 days. The NSF fee will be initiated as a separate transaction on your account. I certify that I am the authorized user of the credit card/bank account and will not dispute this transaction with my back or credit card company, so long as the transaction corresponds to the terms indicated in this authorization form. **Initial** _____

Print name as it appears on bank account _____

Bank name _____

Bank routing # _____

Bank account # _____

Signature _____ Date _____

OPTION 5: Monthly Bill I do not wish for any of the above options. Please email me a monthly billing statement for registered SAS services. I understand payments will be due the fifth of the month starting August 5, 2019.

Signature _____ Date _____