



**NLDS REGISTRATION
INFORMATION AND AGREEMENT
PLEASE READ BEFORE SIGNING**

Parent Name: _____

Tuition Express ID #: _____

TUITION EXPRESS PRE-AUTHORIZED PAYMENT PLAN

Parent Name _____ Center _____ Start date: _____

Child Name: _____ Child Name: _____

I hereby authorize New Life Discovery Schools to deduct \$ _____.
The authorized payment is for: _____ (admin/wkly tuition/family fees/co-pays)

This charge will be deducted on the: (please check which option)

_____ *1st of every month* _____ *Every Monday* _____ *5th and 20th of every month*

Primary Account:

- _____ **Checking Account:** Please submit voided or photocopied check with authorization.
- _____ **Savings Account:** Please submit voided or photocopied deposit slip with authorization.
- _____ **Credit Union Share Draft Account:** Please submit voided or photocopied check with authorization.

PLACE VOIDED CHECK HERE

Complete the required credit card information
Please circle one: **Visa MasterCard DiscoverCard**

Card # _____ Exp Date _____ CVV CODE: _____
 Card Holder's Name: _____
 Card Holder's Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____

Secondary Account:

- _____ **Checking Account:** Please submit voided or photocopied check with authorization.
- _____ **Savings Account:** Please submit voided or photocopied deposit slip with authorization.
- _____ **Credit Union Share Draft Account:** Please submit voided or photocopied check with authorization.

PLACE VOIDED CHECK HERE

Complete the required credit card information
Please circle one: **Visa MasterCard DiscoverCard**

Card # _____ Exp Date _____ CVV CODE: _____
 Card Holder's Name: _____
 Card Holder's Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____

If voided check or deposit slip does not include a transit or account number, please obtain the information from your financial institution and submit with authorization.

This authorization is to remain in affect until New Life Discovery Schools has received a 14 business day written notification from me of its termination in such time and in such manner as to afford New Life Discovery Schools and the depository institution a reasonable opportunity to act upon the request.

New Life Discovery Schools has the right to discontinue the Pre-Authorized Payment Plan if any two or more deductions are not honored. New Life Discovery Schools will notify me in advance whenever the deduction amount and day changes. If my financial institution does not honor any deduction, the amount will be applied to my account. New Life Discovery Schools will then ask me to pay the dishonored amount and the NSF fee of \$45.00 per occurrence. After a timely payment is received by New Life Discovery Schools, deductions will resume.

I understand and agree that New Life Discovery Schools has no obligation to and will not apply any payment amount towards my account, which is unpaid.

New Life Discovery Schools may revise the terms in this agreement at any time upon a written notification. I have also received a copy of this form for my personal records.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____