



Payment Plan Program

Program Information

- Plan Availability:** Payment plans are available for the Fall and Spring sessions. The Payment Plan is not offered during the Summer Session to students unless they have a previous agreement with the Conservatory.
- Plan Eligibility:** To qualify, students and/or the parents or guardians of students must complete, sign and submit this Payment Plan Agreement Form, along with the following:
1. A minimum 25% of the total amount due prior to the first class or lesson
 2. \$25 Service Fee
 3. Applicable Class Registration Fee/Information
 4. A MC/Visa or Discover card is required to be on file for all payment plans. If a cash or check payment is missed your credit card may be charged.
- Payment Plan** Subsequent payment amounts and due dates are outlined and due as stipulated below
- Late Payments/Interest** There is a \$25 fee for late payments. Accounts over 30 days due will accrue interest charges of 1-1/2% per month (18% per annum) on unpaid balances.
- Non-Payment** We reserve the right to suspend classes/lessons for non-payment of tuition.

Payment Plan Agreement

Student Information			
Student Name			Date Of Birth
Parent/Guardian Name			
Mailing Address			
City	State	Zip Code	
Email Address*			
Home Phone			Cell Phone

Registration Information				
Class Name		Start Date	Stop Date	Cost
Class #1				
Class #2				
Class #3				
Registration Fee (\$20/individual; \$35/family per academic year)				
Service Fee				\$25.00
Total Due				

Payment Deadlines			
Initial Deposit	25% Of Total Due (Above)	Due At Time Of Registration	\$
Second Installment	25% Of Total Due (Above)	DUE 3/01/2014	\$
Third Installment	25% Of Total Due (Above)	DUE 4/01/2014	\$
Fourth/Final Payment	25% Of Total Due (Above)	DUE 5/01/2014	\$

Preferred Payment Method	
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (complete information below)
I promise to pay in accordance with the terms stipulated above	
Signature _____	Date _____

Credit Card Payment Authorization [To keep your account information secure, please do not email this form]	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	Expiration Date / /
Account Number <small>1 Digit/Per Box</small>	
<i>I authorize the CCCMA to automatically charge my credit card in accordance with the payment plan terms outlined above.</i>	
Signature _____	Date _____