## Vicksburg Community School Tuition Payment Agreement

□ QUARTERLY (CASH OR CHECK): Tuition to be paid in 1/4 installments on 1st december 1.	au af Iuna Cantamban Daa	amban and Maush
□ MONTHLY (AUTOMATIC BANK DRAFT ONLY):  Tuition to be paid in 1/10 installments each in I hereby authorize the Financial Institution named below account and to make that deduction payable to the order withdraw this authority in writing delivered to my finance that each payment shall be the same as if it were an instright to stop payment of a charge by timely notification to understand, however, that both the Financial Institution a terminate this payment plan (or my participation therein)  BANK ACCOUNT INFORMATION Please print neatly the following or attach	nonth (Aug to May).  To pay my tuition/fees by chargin of Vicksburg Community School cial institution and Vicksburg Communent personally signed by me. In to my Financial Institution prior to and Vicksburg Community School).	g each payment to my until such time I munity School. I agree addition, I have the charging my account. I
ABA/Bank Routing # Bank Account # Check #  Bank Name: Ac	#count	_
☐ Checking or ☐ Savings #_  •If the selected date falls on a weekend or banking holic •Payment amount will change whenever there is a cha		

- school year), and ► May (final balance of family account for the school year; may be more or less if additional charges or credits have accumulated).
- •Credit Union Members -please check with your institution Account numbers on your checks may not be the same as the code used for bank drafts.
- Written notice is required at least 10 days in advance to change bank account or draft date.

All parents/guardians must sign the agreement along with any additional financially responsible parties. If both parents/guardians share financial responsibility, each person must sign the tuition payment agreement and each address will receive financial statements. If only one parent is financially responsible pursuant to a court order, then the parent who is relieved of such responsibility by the court is not required to sign this form.

I/we the undersigned have read and agree to abide with the Financial Policy and Procedures of the Vicksburg Community School for each child I/we enroll. I/we understand the payment schedule is revised periodically and agree to make payments in accordance with options selected above. I/we further understand that this agreement shall remain in effect for our Family Account Code # until revoked or amended in writing.

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Father's Printed Name & Signature	Address: Street, City, State, Zip	Date
Mother's Printed Name & Signature	Address: Street, City, State, Zip	Date
Other Financially Responsible Person's Printed Name & Signature	Address: Street, City, State, Zip	Date