L.E.A.D. Academy Recurring Bill Payment Registration

Parent Name _____ Phone # _____

Student(s) _____

Address _____

_____

E-mail _____ E-mail receipt? ❑ yes ❑ no

I would like to pay with ❑ Credit/Debit Card ($3 fee per transaction)*

❑ eCheck ($1 fee per transaction)*

I would like to pay $_____ per month for tuition.

I would like to pay $_____ per month for extended day.

I would like to pay $_____ per month for music.

I would like to pay $_____ per month for tutoring.

I would like to pay $_____ per month for speech.

I would like to pay $_____ per month for annual fund contribution.

* Monthly payments for all services will be combined into one transaction.

Please make the above payments on the _____ day of each month.

Credit/Debit Card:

Card Number _____ Exp. Date ____/_____

Signature _____ CVV _____

eCheck:

Bank _____

❑ Checking   ❑ Savings   ❑ Personal   ❑ Business

Routing # _____ Account # _____

I authorize L.E.A.D. Academy to withdraw the above amounts from my bank/credit card as directed above.

Signature _____ Date ____/____/____