



Payment Plan Agreement

Name of Payer(s): _____ Date: _____

The purpose of this payment plan agreement is to design a schedule of installments toward your tuition due to Maryvale for services provided to your child(ren) _____

Payments from the payer(s) listed above will be paid to Maryvale on a modified plan as scheduled below:

Payments of \$ _____ to be paid Weekly Biweekly Bimonthly beginning on

(Date) _____. I am requesting this payment schedule because, _____

Terms and Conditions

- All payment installments will be made on time understanding that is this means on or before the due date established. Your entire monthly tuition must be paid in full by the last business day of every month.
- Tuition payments received are first applied against the oldest outstanding balance.
- If paying by check and it is returned for nonsufficient funds, there will be a fee of \$25.00 and \$35.00 for each subsequent occurrence.
- Failure to make payments on or before the due date will affect your child's enrollment status with Maryvale.
- After 7 business days of account delinquency without prior notification, your services will be placed on hold and you will not be allowed to return. You may also incur an additional fee to re-register your child and return to the program.

Payer's Signature(s): _____ Date: _____

Maryvale Representative: _____ Date: _____

