

Responsible Payer Name: _____

First

Last

Additional Authorized Party Name: _____

First

Last

Street or P.O.: _____ Apt. _____

City _____ State _____ Zip _____

Primary Phone: _____

Email: _____

☐ I authorized Blackbaud to automatically debit my payments from the below provided account.

I agree to the following automatic payment date listed below.

☐ 15th of the month

☐ 20th of the month

☐ 30th of the month

☐ Please debit my checking or savings account. See account information below.

9 digit routing number: _____

Account number: _____

☐ Please charge the following credit card (circle one) AMEX DISCOVER MASTERCARD VISA

(2.98% Fee)

Credit Card Number: _____ Exp. Date: _____

Payment Schedule (Enter Plan Letter Here):

- Plan A - One (1) Payment - July
- Plan B - Two (2) Payments - July, February
- Plan C - Ten (10) Payments - July-April

STUDENT INFORMATION		
First Name	Last Name	Grade

Bill Payer Signature Date

FOR SCHOOL OFFICE USE ONLY

- ☐ This family is enrolling late
☐ Spread balance across remaining months
☐ Collect balance in first month

Student Tuition

\$ _____

\$ _____

\$ _____

\$ _____

Subtotal: \$ _____

FEES & DISCOUNTS: If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART Admin Fee: \$ 52.00

ANNUAL TOTAL DUE: \$