



## Club 6\*7\*8 Payment Agreement 2011-2012 School Year

<b>Child's Name:</b>		
<b>Parent's Name(s):</b>		
<b>Billing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

- Full payment** – I wish to make full payment for Club 6\*7\*8 today.
- Payment Plan** - I wish to begin payments for Club 6\*7\*8. Payments will begin August 2010 and continue through May 2011.
- I have attached a check in the amount of \$200 per child for the Registration Fee and Deposit.** If I have not attached this check, I understand that the \$200 will be billed to the Credit or Debit account given below.

- Club 6\*7\*8 – 5 days \$290/month
- Club 6\*7\*8 – 4 days \$275/month
- Club 6\*7\*8 – 3 days \$260/month
- Club 6\*7\*8 – 2 days \$245/month
- Club 6\*7\*8 – 1 day \$145/month

***FYI – Club 6\*7\*8 is billed at an annual rate with a monthly payment amount allotted for the convenience of a payment plan. The month of August is prorated based upon its late start in the month; however, consecutive months are all paid at an equal monthly rate via Payment Plan; despite longer and shorter months.***

**Monthly Payment Method** (choose credit card or checking account draft)

<b>CREDIT CARD PAYMENTS</b>	VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS NUMBER	EXPIRATION DATE	CHARGE DATE (CHECK ONE)
Name as it appears on card  _____			<input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 17 <sup>TH</sup>

<b>PRE-AUTHORIZED DEBITS*</b>	BANK NAME	TRANSIT/ABA NUMBER	ACCOUNT NUMBER	DRAFT DATE (CHECK ONE)
Name on account  _____				<input type="checkbox"/> 2nd <input type="checkbox"/> 16 <sup>TH</sup>

For Office Use Only:

Monthly Amount	Beginning Month	Ending Month	Number of Payments	Bill Code
\$ _____	_____	_____	_____	_____

**Payment Agreement / Signature Required:**

I understand that if my payment for a particular month is not paid by the 20<sup>th</sup> day of that month, I may be charged a late fee equaling 5% of my total unpaid monthly balance. I further understand that if my membership is not current and/or I have not made payment arrangements by the first day of Club 6\*7\*8, that my child may lose their space in the program.

I (we) hereby authorize the MJCCA to initiate debit entries to my (our) checking or charge account as indicated above and the bank (Depository), to debit the same such account. This authority is to remain in force and effect until the MJCCA and the Depository has received written notification from me (or us) of its termination in such time and in such manner as to afford the MJCCA and Depository a reasonable opportunity to act on it prior to changing the account. After account has been charged, I have the right to have the amount of the erroneous debit immediately credited to my account by Depository, provided I (we) send written notice of such debit entry in error to Depository within 15 days following issuance of the account statement after posting, whichever occurs first.

I (we) understand that a sufficient balance must be maintained to cover this obligation. In the event unforeseen circumstances prevent the drafting of this debit according to the understood schedule, I (we) understand this does not relieve me (us) of this obligation and funds must continue to be available so that the debit can occur as soon as circumstances have been corrected. I (we) understand that if sufficient funds are not available, I (we) may be either directly debited or billed \$35 for each returned debit and are obligated to promptly pay this charge.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete and return to Jodi Miller:** jodi.miller@atlantajcc.org or fax to 678-812-3947  
MJCCA, Attn: Jodi Miller, 5342 Tilly Mill Road, Dunwoody, GA 30338