



1713 Howard Street
St Charles IL 60174

Payment Plan Authorization Form

Please choose a payment plan below and return it with your application.

I _____ (parent name), agree to pay _____ (child's name) tuition at
Bridges Academy, Inc. in 1 3 9 payments (please circle one option).

I authorize Bridges Academy, Inc. to charge my credit card on file if my tuition is not paid within 15 days of the due date. I understand that there will be an additional 3.5% processing fee added to these transactions.

_____ (Signature)

Sign up for Automatic Payment (please select)

____ 3 Installments (Sept 1, Dec 1 and Mar 1)

_____ \$2,166 First/Second Grade

_____ \$2,730 Third/Fourth/Fifth Grade

OR

____ 9 Installments (1st of the month Sept through May)

_____ \$722 First/Second Grade

_____ \$910 Third/Fourth/Fifth Grade

I give my permission and authorization for my credit card to be processed on the 1st of each month of my chosen payment plan. I understand that there will be an additional 3.5% credit card processing fee added to my payments.

_____ (Signature)

_____ (Date)

IMPORTANT: In addition to selecting your payment plan, we also must have your credit card on file prior to September 1st. Tuition payments not paid by the 15th off the month due will be automatically charged to your credit card on file unless prior arrangements have been made. There will be an additional 3.5% processing fee added to these transactions.