



Capital Region Language Center Tuition Payment Sign Up. **Spring Session: 2/13/12 – 6/30/12**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Parent /Guardian (if applicable) \_\_\_\_\_

Registering for Semester / Dates \_\_\_\_\_

Payment Options (please initial): **PAYING IN FULL**

\_\_\_\_\_ I am paying for this semester by check in advance of the semester start date (5% off tuition if paid at Open House)

\_\_\_\_\_ I am opting to pay via the Intuit PaymentNetwork in full for the semester.

\_\_\_\_\_ I am opting to pay via my credit card in full for the semester. (Fill out information is below or call Kim)

**PAYING MONTHLY – Credit card information needed with either option.**

\_\_\_\_\_ I am opting to pay monthly via the Intuit PaymentNetwork. I understand that I will be invoiced for the entire semester and I agree to pay a minimum per month fee for my classes (for 5 months) by the 25<sup>th</sup> of each month covering classes for the following month. **I understand that it is my responsibility to make such payment and that if I do not pay punctually my credit card will be charged by the last day of the month.** I am giving permission for this on this form, below. I understand that I am committing to pay for classes through the end of the semester.

\_\_\_\_\_ I am opting to pay monthly via my credit card. I understand that by signing this agreement I authorize Capital Region Language Center’s administrators to charge my credit card monthly for the next 5 months in pre-established intervals to cover the tuition reflected on my invoice. Should this draft not be honored by my credit card company for any reason, I realize that I am still responsible for paying fees or any charges assessed to CRLC associated with the return or decline of my EZ Pay transaction. This will cover classes through the end of the semester.

**Credit Card Information and Authorization:**

Name as it appears on card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Type: VISA MCARD DISCOVER Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Billing Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

CVC (3 digits on back of card) \_\_\_\_\_

I authorize Capital Region Language Center to access my Visa/ MasterCard / Discover card for my monthly tuition. It is understood that sending of a pre-authorized payment to the designated account as said payment becomes due, constitutes valid notice of such payment due for this semester. When the issuing company authorizes this transaction by charging the designated account, such an authorization will serve as a receipt for the payment.

**I understand that I am making a commitment to pay for the current Semester of language classes at CRLC. I have read and understand the above terms and duration of this agreement.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_