

Payment Method: By selecting the payment method below, you authorize **The Village School** to charge the given account on the indicated statement due date for the **Balance of Statement** which includes **tuition and ancillary fees**. If you opt to proceed with the **Electronic Check** payment method below, please provide the associated Bank Account information and your account will be charged on the due dates automatically.

Please return your completed and signed form to business.office@thevillageschool.com.

Received date:

Stu	dent ID: Guardian ID:
Stu	dent Name:
	Balance of Statement will be charged (please initial)
	Electronic Check (please initial)
	Checking Account
	Account No:
	ABA Routing No:
	Bank Name:
	Bank Address:
By 5	Selecting Electronic Check payment option, Parents agree to the following additional terms and conditions:  Automatic Electronic Withdrawal  a. Parents understand that the bank account designated on this payment authorization form will be charged automatically.  b. Parents understand that they must contact the School Business Office no less than 14 days prior to a scheduled payment to make a change or cance a payment scheduled
	c. In accordance with the Tuition Schedule, Parents authorize the School to debit the bank account designated on this payment authorization form no later than 15 days following the payment due date.
2.	Update Bank Information  a. Parents understand that if there is a change to their bank account, Parents must submit a new Electronic Check form to the Business Office no late than 14 days prior to a scheduled charge date  b. Parents also must understand that there are times the financial institution will update the school directly, but that this is not a guarantee.
3.	Billing Errors  a. Parents understand and agree that the School is not liable for erroneous bill statements or incorrect debits  b. If a billing error occurs, the School will be responsible to change them, if and when, Parents notify the School of the error.
4.	Returned Payments  a. Parents understand that if their payment is rejected, refused, returned, disputed, or reversed by their financial institution for any reason, the School has the right to charge a return fee and to cancel the Electronic Payment method. Parents will be required to pay with a Cashier's Check going forward.  b. The School and participating financial institutions reserve the right to terminate Parents' participation in this payment option at any time, as authorized by applicable law.
5.	Fees  a. Parents understand that the School does not impose a fee for participating in Electronic Check Payment method b. Parents understand that they should verify with their financial institution to determine if additional charges apply
Sig	gnature of Parent/Account Holder: Date:
Ac	count Holder Name: Account Holder Email:
	*Business Office Use Only*

Notes: