

**ASR Electronic Funds Transfer
Payment Plan Request and Agreement**

Complete this and attach to a registration form along with a voided check.

Parent Name _____

Child's name(s) _____

\$75 deposit paid at this time for each day registered \$ _____

Plus electronic funds transfer fee + \$ _____ 12.00

Total (due at this time) = \$ _____

**Electronic Fund Transfer (EFT)
Request & Agreement**

I agree to pay outstanding balances on ASR fees using the following checking account electronic funds transfers (EFT) on the following dates.

EFT payment processed September 15

EFT payment processed October 15

EFT payment processed November 15

EFT payment processed December 15

I agree to pay a \$3 per month non-refundable EFT service charge. I further agree to pay a \$25 service charge for each NSF or bank refusal. In the event I change or close my checking account, I agree to supply the Registration Office, in writing with my new checking information no less than 5 days prior to the next EFT scheduled payment. Should I no longer have a qualified checking account, I agree to pay all outstanding balances in full immediately.

I agree further to the ASR cancellation policy and will notify the Registration Office in writing seven (7) days prior to the start of the session I wish to cancel participation.

Signature of checking account holder

Date

Day Phone _____