



## TUITION EXPRESS AGREEMENT

### CHOICES OF PAYMENT SCHEDULE

**WEEKLY-** PAYING FOR FOLLOWING WEEK OF CARE;

**BI-WEEKLY-** PAYING FOR THE FOLLOWING TWO WEEKS OF CARE.

I, \_\_\_\_\_, HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THIS LETTER. I ALSO UNDERSTAND AND AUTHORIZE GROWING GENERATIONS TO CHARGE MY ACCOUNT \$35.00 IF FUNDS ARE NOT AVAILABLE ON MONDAY VIA TUITION EXPRESS AND I WILL BE REQUIRED TO PAY BY CHECK. I UNDERSTAND THAT I AM THEN REQUIRED TO PAY MY TUITION AND ANY ACCRUED NON-SUFFICIENT FUND FEES AS WELL AS LATE FEES. IF I FAIL TO DO SO, I UNDERSTAND I WILL BE SUBJECT TO THE STANDARD RATE, LATE FEES, AND SERVICES MAY BE SUSPENDED UNTIL TUITION AND ALL FEES HAVE BEEN PAID IN FULL.

**REGISTRATION FEE** \_\_\_\_\_ \$125.00      **SECURITY DEPOSIT** \_\_\_\_\_

I AM CHOOSING TO PAY TUITION BY:

\_\_\_\_\_ **AUTOMATIC CHECKING WITHDRAWAL WEEKLY**

\_\_\_\_\_ **AUTOMATIC CREDIT CARD CHARGE WEEKLY**

I, \_\_\_\_\_ GIVE GROWING GENERATIONS PERMISSION TO START WITHDRAWING FUNDS FROM MY TUITION EXPRESS ACCOUNT ON:

\_\_\_\_\_.

FINANCIALLY RESPONSIBLE PARTY'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_