

Withdrawal Form

Billing Policy:

I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize (if online payment is made or autopay information is provided) this facility to charge my ACH draft, or credit card account. I understand that a 30 day written notice is required to terminate billing and I am responsible for payment whether or not my student attends classes until I notify this facility in writing to drop my student from class(es).

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

Written Notice to terminate billing and drop student from class(es)

Date: _____

Students Name(s):
Parents Name(s):
Contact Phone #:
Contact Email:
Class(es) currently enrolled in:
Date of last class attended:
Reason for withdrawing:

OFFICE USE ONLY- to be filled out by employee

Date form was received: _____

Received by, print and sign: _____

