Tuition Payment Preference Form

School Name: Ambassador Christian Academy FACTS Agreement Number _____

Responsible Party: _____SSN#_____

Address: _____ City: _____

State: _____Zip: _____ Telephone #:_____

Student(s) Name(s): _____

I will pay my student's tuition by the payment option checked below. If not previously enrolled with FACTS, I will complete a FACTS Tuition Agreement Form. Please check one:

____ Option 1 Full Tuition Payment Due before June 30th

____ Option 2 Monthly Payment through FACTS This option entitles the responsible party to budget payments over a 10 or 12 month period through the FACTS Management Company. The annual fee of $41 per family is automatically deducted from your account at time of enrollment. Payments begin in June. Payments can be made either on the 5th or the 20th of the month.

____ 10-month Program June-March
____ 12-month Program June-May

Peace of Mind Tuition Protection Plan

FACTS offers an optional Peace of Mind Tuition Protection Plan. For a nonrefundable annual fee of $12 per FACTS Agreement, FACTS will pay the remaining unpaid balance on your FACTS Agreement (except payments in arrears) to your School in the event of the death of the responsible party or his/her legal spouse. Coverage begins when the fee for Peace of Mind has been paid in full to FACTS.

Please indicate below whether or not you wish to enroll in the Peace of Mind Plan. Your Peace of Mind election for the previous school year will remain the same for the current school year, unless you check a box below. The fee will automatically be deducted with your first payment. Please check one:

_____**Yes**, please enroll me in the POM plan. I agree to pay a nonrefundable annual fee of $12.
If you are enrolling in POM you ***must*** complete the following information as it applies to the person responsible for payment.

Marital Status: ____ Married _____ Single Date of Birth: ____-____-____

_____ **No,** please do not enroll me in POM.

COMPLETE ONLY IF RE-ENROLLING IN FACTS

If you are re-enrolling in FACTS, you do not have to complete a new FACTS Agreement. Missed payment fee charged by FACTS is $25. If your bank information has changed from last year please fill in the new checking account/or savings account number or a voided check. \M00y New Account is a Checking/Savings: # _____.

Any other changes must be given to the school as soon as possible. Adjustments due to financial assistance, scholarships, or other awards will be made directly by the school.

I agree to make tuition payments according to the options above. I have read the Delinquent Accounts Policy regarding tuition and agree to abide by this policy.

X_____

Responsible Party's Signature Date