

UNIVERSAL SCHOOL OF BUFFALO
Registration for Academic Year 2020-2021
Tuition Payment Preference Form

Office use only
Reg. paid Y or N
Date / /
Amount
Siblings

This form is to be completed by the person to be billed for tuition & fees.
Please fill this form separately for each child

Instructions: Please complete ALL appropriate areas, sign, and return with Registration payment. If billing is to be split between two parties, please photocopy or request a second copy of this form.

Student's Name _____		
(Last)	(First)	(MI)
Student's Grade: <input type="text"/>	Number of children attending Universal School: <input type="text"/>	

Person responsible for payment of tuition _____			
(Last)	(First)	(MI)	
Address _____	City _____	State _____	Zip _____
Primary Phone # _____	Email Address: _____		

The payment option you selected last year will be the default option for the upcoming school year. **Complete the area below if your child has never attended Universal or if you wish to change your payment structure or method from last year.** Using the information from this notice, your tuition invoice will be generated and sent in the summer, which will confirm your start and end dates, and the amount due.

Please check all that apply:

- Please **withdraw my registration fee** for the 2020-2021 school year via automatic withdrawal
- I wish to pay monthly, via automatic withdrawal, starting **August 1st** for my first tuition payment
- I wish to pay in full **by June 30th** and receive the **5% Early Pay Discount**
(Absolutely no exceptions will be made after 06/30/2020 for this discount)

For, and in consideration of the enrollment of _____
(Student(s) Name)
in the Universal School. I have read the financial policy and hereby guarantee the payment of tuition per the selected payment schedule.

Signature: _____ **Date:** _____
(Person responsible for payment)

UNCONDITIONAL OBLIGATION

PLEASE READ!!
Your financial obligation to the school is for the full annual tuition as stated in the parent handbook. The school's expenses are incurred on an annual basis; and, therefore, the school cannot afford to refund the tuition or cancel unpaid obligations if your child is forced to withdraw during the upcoming academic year.

Failure to pay tuition in a timely manner may result in a delinquent account. A written notice will be mailed to notify of the account's delinquency. The full tuition owed will be due 4 weeks after the date written on the notification. Delinquent accounts may result in the suspension of the student(s) until the outstanding tuition has been paid.

The undersigned acknowledges that Universal School sets budgets and incurs obligations based upon the financial commitment of the undersigned to pay full tuition and fees for the entire school year for the student. **I/We hereby agree by signing this financial contract and upon acceptance by Universal School, to pay the total tuition and fees for the entire school year as stated above, regardless of voluntary withdrawal of the student.**

Accepted by _____
Signature of Parent/Guardian financially responsible for the student



PART I Member's Information

Only one ACH form is needed per family

Full Name: _____

Address: _____

Email Address: _____

Primary Telephone # _____

PART II Member's Bank Information

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

I (we) hereby authorize Universal Education Institute, hereinafter called Universal School, to initiate preauthorized electronic funds transfers from my checking / savings account indicated above, and I authorize the KEY BANK to debit the transfers to Universal School account. The authorization will remain in effect from July 2020 through June 2021 or until Universal School and the banks have received written notification from me of its termination and have had reasonable opportunity to act on it.

Signature: _____
(Person authorized signer on this account)

Name of the Signer: _____ Date: _____

PART III Special Instructions:

Return this form and A VOIDED CHECK to Universal School.

PART IV For Office Use Only

Full Name: _____

Amount per Month (\$): _____

Withdrawal Date: _____

**Please be aware that your school application will be INCOMPLETE and sent back to you if any of the following is missing:
A Tuition preference form filled out for EACH child, ALL appropriate signatures, voided check, a registration payment attached or a selection to withdraw registration via automatic withdrawal.**