

Payment Plan Form
Bessemer Academy
1705 4th Avenue SW
Bessemer, Al. 35022

1. Family Information (required) * PLEASE PRINT IN CAPITAL LETTERS*****

FIRST NAME _____ LAST (FAMILY) NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME/MAIN TEL # _____ SECONDARY TEL # _____

E-MAIL _____

2. PLEASE SELECT ONE PAYMENT OPITION

A. _____ I WILL MAIL OR BRING BY MY PAYMENTS EACH MONTH. THEY WILL BE RECEIVED BY THE 1ST

-----AUTOMATIC MONTHLY DEBIT OPITIONS BELOW-----

B. _____ I WANT YOU TO TRANSFER PAYMENTS MONTHLY FROM MY BANK ACCOUNT

CHOOSE ONE DAY OF THE MONTH YOUR ACCOUNT SHOULD BE DEBITED (1ST OR 15TH) _____

NAME OF BANK ACCOUNT _____

NINE DIGIT ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____ CHECKING _____ SAVING _____

C. _____ I WANT YOU TO TRANSFER PAYMENTS MONTHLY FROM MY CREDIT CARD (ADDITIONAL FEES APPLY)

CC ACCOUNT # _____

EXPIRATION DATE _____ / _____ SECURITY NUMBER ON BACK _____

CARD TYPE _____ AMEX _____ DISCOVER _____ MASTERCARD/VISA

3. PAYMENT PLAN (PLEASE SELECT A PLAN-REQUIRED)

| PLAN TYPE | MONTHS | PLAN TYPE |
|--------------------|----------------------|---|
| _____ 2 MONTHS | AUG 2010-DEC 2010 | _____ INCLUDE ALL FEES IN MONTHLY PAYMENT |
| _____ 9 MONTHS | JULY 2010-MARCH 2011 | |
| _____ 11 MONTHS | JUN 2010- APRIL 2011 | |
| _____ PAID IN FULL | JUN 2008 | |

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4. STUDENT INFORMATION (REQUIRED) *PLEASE PRINT IN CAPITAL LETTERS*****
USE (PK,K, 1,2,3,4,5,6,7,8,9,10,11,12) FOR GRADE

| GRADE | FIRST NAME | LAST NAME |
|--------------|-------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

******STANDARD BESSEMER ACADEMY LATE POLICY******

I AGREE TO PAY THE AMOUNT ESTABLISHED BY BESSEMER ACADEMY FOR THE ABOVE STUDENTS AND REALIZE THAT IF I FAIL TO MAKE PAYMENTS BY THE SPECIFIED DUE DATES, THE INACTION WILL RESULT IN LATE CHARGES ESTABLISHED BY BESSEMER ACADEMY. I UNDERSTAND THAT BESSEMER ACADEMY MAY CONTACT ME VIA EMAIL AND TELEPHONE CALL WHEN PAYMENTS ARE NOT ON TIME AND CHARGE A LATE FEE OF \$50.00 IN ADDITION TO A FOLLOW UP FEE OF \$20.00

SIGNATURE _____ DATE SIGNED _____

PLEASE RETURN THIS FORM IMMEDIATELY.