



Payment Plan Agreement

DSPAC's tuition is paid on a pay-in-full basis or in installments (per request). We understand that in certain, limited circumstances (where financial hardship can be demonstrated), full and immediate payment of these fees may place a financial burden on some families. If you are unable to remit full payment, please fill out this Payment Plan Agreement Form and submit it to the **DSPAC** Receptionist. All individuals arranging a payment plan must agree to **DSPAC's** payment terms and agreements. All balances must be paid in full by the last month of the program in which your child is enrolled. Payments are deducted on the 1st or the 15th of each month. If payment is more than five business days past due, students will not be permitted to attend class.

Spring Semester **Summer Program** **Fall Semester**

Student/Parent Information

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____ Email: _____

Payment Information

Please choose ONE payment frequency:

On the 1st of the month: On the 15th of the month:

Please choose ONE form of payment.

Credit Card Debit Card



Agreement

I, _____, to all terms detailed in this document and agree to make tuition installment payments to the **Dwana Smallwood Performing Arts Center, Inc** for the payment frequency selected above until the current semester is paid in full. I understand student accounts must be paid in full by the last month of the program in which my child is enrolled. Payment will be deducted on the 1st or the 15th of each month. I authorize the **Dwana Smallwood Performing Arts Center** to automatically charge my card on file for the amount of my monthly payment. It is my responsibility that the credit/debit card **DSPAC** has on file is current. It is my responsibility to inform DSPAC of any changes to the credit/debit card information on file PRIOR to my scheduled payment date. I understand that any payment more than five business days past due will be charged a \$25.00 late fee.

Parent/Guardian Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO **DSPAC** IN PERSON at 857 Lexington Ave, 2nd Floor, Brooklyn, NY 11221. If you have more than one child enrolled at **DSPAC**, **please fill out a separate form for each child. You will not receive a paper billing notice.** If you have questions, please contact **DSPAC** at info@dwanasmallwoodpac.org with the heading **PAYMENT PLAN**.

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| To Be Complete by DSPAC Staff: | | | |
| Start Date: | | End Date: | |
| Starting Balance: | | No. of Payments: | |
| Amount of Each Payment: | | | |