

Payment Plan Agreement Form

School Year August 2019-June 2020

Fineline Theatre Arts

77 Railroad Street

New Milford, CT 06776

Student Name _____

Date

If Registered
before mid
August

10 month Payment
Plan

Registration Fee: \$55
Add'l Child: \$15 per

Total Tuition:
Divided by 10:

Tuition

Aug	
Sept	
Oct	
Nov	
Dec	
Jan	
Feb	
Mar	
Apr	
May	

If Registered
before mid
September

9 month Payment
Plan

Registration Fee After
Sept 1st: \$75
Add'l Child: \$35 per

Total Tuition:
Divided by 9:

Tuition

Sept	
Oct	
Nov	
Dec	
Jan	
Feb	
Mar	
Apr	
May	

If Registered after mid September

Variable Plan/ Paid in full
by May 1st

Registration Fee After
Sept 1st: \$75
Add'l Child: \$35 per

Total Tuition:
Divided by___:

Tuition

Oct	
Nov	
Dec	
Jan	
Feb	
Mar	
Apr	
May	

Fee Schedule Invoiced Separately

Legit Play: \$225

Due September 1st

Nutcracker Performance Fee: \$100/150

Due October 15th

Acting/Musical Theatre Performance
Fee/Winter & Spring \$125

Due October 15th

SpringFest Performance Fee: Based
on number of pieces

Due January 15th

Vocal Performance Accompanist
Fee: Divided evenly amongst class/
2 installments

Due November 15th & March 15th

Option One:

I will enroll in the automatic payment plan. All fees will be automatically paid when due.

Option Two:

I will pay by cash, check or online payment monthly. My credit card or banking information will be used in the event that my account is past due and a \$20 late fee will be added to my invoice. If my account is past due 2 months in a row I understand that I will be automatically enrolled in the automatic payment plan and that all separate fee invoices that apply will be automatically paid as well.

By signing this agreement, I agree to pay the above listed installment payments by the 1st of each month. All fees invoiced separately will be due on the dates listed above if applicable. If my payment is declined or returned I agree to pay a \$20 transaction fee for the first occurrence and \$35 per occurrence thereafter. All payments received are applied to the oldest invoices due. I agree that it is my responsibility to update my payment information when necessary.

Credit Card Information: We accept MasterCard, Visa, Discover & Amex

Name on Card _____
Card Number _____
CVV Code _____
Expiration Date Month/Year _____
Billing Address _____
Zip Code _____

or Via Bank Transfer

Banking Information
Name of Institution _____
Account Number _____
Routing Number _____
Account Type Personal Checking Personal Savings
 Business Checking Business Checking
Phone number _____
Name on Account _____

I authorize Finline Theatre Arts, LLC to automatically bill the credit card or banking network listed above for the transactions listed above.

Signature _____
Date _____