



Date: _____

TO: **The Jointure**
500 US HWY 22
Bridgewater, NJ 08807

This letter will authorize The Jointure to charge my credit card or account as follows: Please choose the method which you intend to have withdrawals each month.

Credit Card

Direct Debit (PLEASE PRINT)

Name of Card (Visa/MasterCard/ Discover / American Express): _____

Cardholder's Name: Last Name: _____ First Name: _____

Address of Cardholder: _____

Card Number: _____ Phone Number: _____

Exp. Date: _____ Security Code: _____

Please note a 3 % Credit Card Fee every transaction

Direct Debit (please fill out form or attach a voided check) (PLEASE PRINT)

Account Holder's Name: Last Name: _____ First Name: _____

Bank Name: _____ Account Phone Number: _____

ABA Routing Number: _____

Checking Account Number: _____

Check * Please make checks payable to "The Jointure"*****

I, _____ understand that my account will be charged in the amount of \$_____ on the 15th for the following month's tuition(i.e. October's tuition is due September 15th). Starting from _____ to _____. I also understand that if my child's schedule changes the amount charged to my account will reflect the changed tuition.

Name of Child:

Name of School/Site:

Signature:

Date:

Payment Policies & Procedures

Tuition is set annually and divided into 10 equal monthly payments for your convenience. A \$50 registration fee and your first month's payment is due at the time of enrollment to hold your child's place.

Subsequent payments are due one month in advance, on or before the 15th of each month (i.e. October's tuition is due by September 15th). Invoices will be e-mailed the first of every month regardless of method of payment. If there are any changes to your e-mail throughout the year, please contact our Creative Campus office, 908-722-1563.

Withdrawals , Refunds and Cancellation Terms & Conditions

(Please initial that you understand and agree)

1. _____ All withdrawals must be completed and submitted with the Jointure's Withdrawal Form (If you wish to withdraw your child before the start of school in September, you will receive a refund of any prepaid tuition).
2. _____ If you wish to withdraw, there is a non-refundable \$30.00 Withdrawal Fee. A fee will be added each time a child is withdrawn from the program.
3. _____ Refunds will not be approved for illness, emergency closings, delayed openings, half days, early dismissals or any closure due to unforeseen circumstances
4. _____ The \$50.00 per child registration fee is non-refundable. This fee must be paid each school year. Packets must be completed in Full with Registration Fee and 1st month Tuition for Guaranteed Placement for September. No refunds will be issued after August 15th without approval.
5. _____ A refund or credit will be determined upon receipt of the Withdrawal Form. Any outstanding charges including the Withdrawal Fee must be paid in order for your child to be withdrawn from the program.
6. _____ Your child may not enroll or re-enroll in any Jointure program if you have an outstanding balance (all payment issues, such as adjustments and refunds, must be resolved with the office before the end of the school year. There will be no requests honored for refunds or adjustments after the school year is over).
7. _____ It is the responsibility of the cardholder to notify The Jointure Administrative Office if there are changes to the account, and/ or card information.
8. _____ Credit or Debit Cards or Direct Deposits resulting in "Non-sufficient Funds" will be charged \$35.00. Credit or Debit Cards consistently resulting in NSF will require all future payments to be made by cash or money order for the remainder of the year.
9. _____ All charges on a Credit Card or Debit Card will incur a **non-refundable** 3% fee, per charge.
10. _____ In order to cancel your monthly Automatic Credit or Debit Cards or Direct Deposit Payments, written notification must be provided stating the date in which you choose to stop automatic payments. Once your account has been cancelled, you will receive a confirmation email.

By printing and signing below, I, _____, understand the policies and procedures regarding payments, withdrawals and refunds. I also understand the terms and conditions for utilizing Credit or Debit Card or Direct Deposits Automatic Payments and the cancellation and refund policies associated with it.

Signature: _____

Date: _____