



**The First Academy
The Learning Center 11-12
Payment Authorization Form**

Parent Name: _____ **Date:** _____

Student Name: _____ **Grade:** _____

Email Address: _____ **Phone:** _____

Program enrolled in: _____ **Total fee:** _____

DEPOSIT

(If before the start of school) \$50 - Math Olympiad; \$100 - other programs

____ My deposit is enclosed.

____ Please charge my deposit to the card/bank account below.

BALANCE

I agree to the following payment plan:

Check one: _____ **One-time payment** **August**

_____ **Semi-annual payment** **August & January**

_____ **Monthly** **August - May (10 payments) 5th or 20th**

Payment via SMART

____ I currently have a SMART account and would like to add my payment(s) to that account. You may add one-time, semi-annual or monthly payments to SMART. Please inform me of my new payment.

Payment via Credit Card

____ Charge deposit only

____ Charge balance only

____ Charge both deposit and balance as schedule indicates above

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip _____

Type of Card (circle one): **Visa** **MasterCard** **Discover** **American Express**

Card Number: _____

Exp Date: _____ Card Code: _____

Signature _____

Please make checks payable to The First Academy. Thank you!

Ways to turn in your payment form:

FAX: to 407-206-8771. No cover sheet required, as it comes directly to business office.

EMAIL: to larissagalloway@thefirstacademy.org.

DROP OFF or MAIL: to the business office: M-F 8-4 or 2667 Bruton Blvd, Orlando, 32805