

Bridgeway Academy

334 Second Street, Catasauqua, PA 18032
(610) 266-9016 / FAX (610) 266-7817

www.bridgewayacademy.com / info@homeschoolacademy.com

TUITION PAYMENT PLANS

(MUST CHOOSE ONE) CREDIT CARD or CHECK REQUEST

(1) CREDIT CARD

The Academy accepts Visa, MasterCard, American Express, Debit Card, and Discover.

Pay in Full w/o computer - Registration and Tuition Paid in Full (No Finance Charge)

Pay in Full with Computer - Registration plus \$1195 Elementary / \$1295 High School (No Finance Charge) (Shipping and Handling charges for computer are extra)

2 Payment Plan w/o computer -- (2) Payments - Registration and Finance Charge of \$60 (both non-refundable) and 1st Tuition Payment due upon enrollment, 2nd Payment due by January 5. (Available March 1st - December 31st)

3 Payment Plan w/o computer - (3) Consecutive Monthly Payments, Registration and Finance Charge of \$90 (both non-refundable) and 1st Tuition Payment due upon enrollment. Payments due on the 5th of each month (Available March 1st - November 31st)

***Payments are automatically deducted from your account on the 5th. (No Exceptions) (See Authorization Request below.)**

Type of card: Visa MasterCard American Express Debit Card Discover

Cardholder Name: _____

Card Number: _____ Expiration Date: _____

AUTHORIZATION REQUEST: Payments Due on the 5th of the month.

I, _____, authorize Bridgeway Academy (Northeast Educational Associates, Inc.) to debit my account in one full
Signature
payment / two payment or three payment plan – 1st payment \$ _____ 2nd payment \$ _____ 3rd payment \$ _____

I will notify the Academy of any change in credit card information in time for billing purposes.

(2) CHECK REQUEST - \$40 service charge on all returned checks

Pay in Full w/o computer - Registration and Tuition Paid in Full (No Finance Charge)

Pay in Full with Computer - Registration plus \$1195 Elementary / \$1295 High School (No Finance Charge) (Shipping and Handling charges for computer are extra)

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***Payments are automatically deducted from your account on the 5th. (No Exceptions) (See Authorization Request below.)**

Customer Name: _____ Check # 1 _____ Check # 2 _____ Check # 3 _____
(as it appears on check)

Routing # | : _____ | : Account Number: _____

Bank Name & City: _____

AUTHORIZATION REQUEST: Payments Due on the 5th of the month.

I, _____, authorize Bridgeway Academy (Northeast Educational Associates, Inc.) to debit my account in one full
Signature
payment / two payment or three payment plan – 1st payment \$ _____ 2nd payment \$ _____ 3rd payment \$ _____

I will notify the Academy of any change in credit card information in time for billing purposes.

Name: _____ Student Name(s) _____

Address: _____

City/State: _____

Telephone: _____ E-mail address _____

**THIS FORM MUST BE COMPLETED AND RECEIVED IN OUR OFFICE BEFORE CURRICULUM IS SENT.
\$15 FEE WILL BE APPLIED TO ALL LATE PAYMENTS: CREDIT CARDS / CHECKS (No Exceptions)**