

ICN Alfalah Academy Payment Plan

Personal Information		
First Name:		
Last Name:		
Spouse First Name:		
Spouse Last Name:		
Home Street Address:		
City, State & Zip Code		
Home Phone Number:		
Mobile Phone Number:		
Home e-mail address:		
Student Information:		
Number of Students:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>	
Student Name/ID:	Student Name/ID:	Student Name/ID:
Student Name/ID:	Student Name/ID:	
Finance Plan:		
Payment Plan	_____ Months Plan	
Payment Amount	1 Child: \$395 total → \$	a month
<i>\$10 per family for Police Patrol</i>	2 Children: \$740 total → \$	a month
<i>\$25 per student for Optional Arabic Class</i>	3+ Children: \$1,000 total →	a month
To Pay By Bank Account: Bank Account <input type="checkbox"/>		
Bank Name		
Bank Address		
Account Type	Checking <input type="checkbox"/>	Saving <input type="checkbox"/>
Bank Account Number		
Bank Routing Number		
To Pay By Credit Card: Credit Card <input type="checkbox"/>		
Credit Card Type	Visa <input type="checkbox"/> Master <input type="checkbox"/> Discover <input type="checkbox"/> AE <input type="checkbox"/>	
Credit Card Number	- - -	
Expiration Date	/ /	
Security Code		

I _____ hereby agree to have a monthly charge of \$ _____ deducted against my account provided above.

Signature:

Date: