

1

Pay Online

Business or Personal Check



Pay with Check



Major Credit Card



Pay with Credit Card



2 Fill out the following information accordingly. Each line marked with a red asterisk is required.

Pay Online

Transaction Information

Parent Full Name: *	John Smith
Student Name: *	Amy Smith
Class: *	Pre-K
Student Name2:	
Class:	Select
Student Name3:	
Class:	Select
Student Name4:	
Class:	Select
Transaction Amount: *	600.00
	0.55% Convenience Fee Will Be Added
First Name: *	John
Last Name: *	Smith
Email Address: *	johnsmith@email.com
Phone: *	1234567890

- 3 Complete the “Billing Address” information accordingly. Each line marked with a red asterisk is required. Please note that the information entered below is an example— please enter your personal information.

Billing Address

Street Address 1: *

8605 Richardson Rd.

Street Address 2:

City: *

Walled Lake

State/Province: *

MI

Postal Code: *

48950

Routing Number: *

123456789

Bank Account Number: *

0987654321098765432

Confirm Bank Account: *

0987654321098765432

Account Type: *

Personal Checking ▾

Memo:

January 2023 Tuition

Recurring Option:

☐

 Yes! Please register me for the recurring program!
By selecting this option, you instruct and authorize us to debit your checking account for the transaction entered above every month on **the 1st day of the month but no later than the 10th of the month.**Please call us (248) 360-0500 to revoke or modify this recurring payment authorization.

Monthly ▾

*OPTIONAL: If you are interested in arranging a payment plan, select “Recurring Option” to have a monthly payment plan established for your family’s account.

- 4** Once each required line is completed, please review the Privacy Policy and Refund Policy. Select “I agree to the above policies” and verify your identity by checking the box stating “I am not a robot”. Finally, select “Next” to be prompted to review and authorize your payment.

Privacy Policy

Lakes Area Montessori Center will only utilize information provided by users for lawful business purposes. Users acknowledge and agree that any personal or proprietary information provided will remain confidential and will not be used, collected, or retained unless Lakes Area Montessori Center has a legitimate business purpose to do so.

Messages sent via electronic mail may be intercepted by third parties and are not protected by Lakes Area Montessori Center. Personal e-mail should not be used to communicate sensitive account information.

Lakes Area Montessori Center hereby disclaims any warranties, endorsements or representations, express or implied, related to the efficacy or protection capability of users' Web browsers. Lakes Area Montessori Center is responsible for making reasonable efforts to fulfill only those electronic transmissions actually received via the website. Lakes Area Montessori Center may not be held accountable for any loss resulting from the delay or failure to transmit a message or application via the site arising from user error, malfunction of equipment, natural impediments, and/or inaccurate or incomplete information.

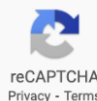
Refund Policy

Lakes Area Montessori Center has a "No Refund" policy. No refunds will be provided for payments made to your account. If you have a question regarding your account or a payment that you have made, please contact a customer support representative at (248) 360-0500 . Lakes Area Montessori Center reserves the right to modify this Refund Policy at its discretion. Any such revision or change will be binding and effective immediately after posting of the revised Refund Policy on the Lakes Area Montessori Center website.

☒ I agree to the above policies.



I'm not a robot



Next

5 Review all entered payment and billing information. Please make note of any text written in red.

Review Payment Information

NOTE: Your payment will not be completed until you click Authorize Payment.

Parent Full Name:	John Smith		
Student Name:	Amy Smith	Class:	Elementary
Transaction Amount:	\$618.00		
	3.00% Convenience Fee Included		
First Name:	John		
Last Name:	Smith		
Email Address:	johnsmith@gmail.com		
Phone:	7342001500		

Billing Address

Street Address 1:	8605 Richardson Rd
Street Address 2:	
City:	Walled Lake
State:	MI
Zip Code:	48390

- 6 Review the “Credit Card Authorization” section. Once you have read and understood this section, select “Authorize Payment”

Recurring Option:

One time transaction. No Recurring

Credit Card Authorization

I authorize Lakes Area Montessori Center to charge the credit card indicated in this web form, for the noted amount on today's date. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this web form.

Back to Edit

Authorize Payment

