



THE MAINE DANCE ACADEMY

PAYMENT PLAN FOR 2026-27

If you are signing up for a payment plan for 2026-27, you will need to fill out the following paperwork. **ALL** payment plans will **ONLY** be accepted with an electronic debit each month. (See attached ACH AGREEMENT: ACH payments are a way to electronically transfer money from one bank account to another.) We will **not accept** VENMO or cash payments on Payment Plans. These debits will be electronically withdrawn on the dates below. If an electronic debit is withdrawn and the funds are not available, a \$20 charge will automatically be charged to your account. We will attempt to withdraw the set amounts 3 days in a row. All late fees will be added to your account and be withdrawn with your next payment. **Payment Plans need to be signed and returned to the Dance Store by September 17, 2026.** Payment Plans are for **TUITION** payments only. Costumes need to be paid for at the time of arrival. Electronic Debits are done in 4 payments for each of our 2 semesters. Therefore, if your tuition fee is \$370 for a semester, you will divide that by 4 and your payments of \$92.50 will be electronically debited from your account on the dates below.

FALL SEMESTER 2026

PAYMENT #1: SEPTEMBER 24, 2026

PAYMENT #2: OCTOBER 12, 2026

PAYMENT #3: NOVEMBER 2, 2026

PAYMENT #4: DECEMBER 1, 2026

SPRING SEMESTER 2027

PAYMENT #5: JANUARY 4, 2027

PAYMENT # 6: FEBRUARY 1, 2027

PAYMENT #7: MARCH 1, 2027

PAYMENT #8: APRIL 1, 2027

I, (PARENT'S NAME): _____ TOTAL TUITION: _____

AGREE TO HAVE (AMOUNT DEDUCTED FROM MY BANK ACCOUNT): _____

AT THE ABOVE DATES FOR THE TUITION OF MY CHILD (OR CHILDREN):

(FULL NAMES OF CHILDREN) _____

PARENT'S NAME: _____ SIGNATURE: _____

DATE: _____



THE MAINE DANCE ACADEMY

15 Sweden Street Suite 3

Caribou, ME 04736

(207) 498-4027

CUSTOMER INFORMATION

NAME

EMAIL

ADDRESS

CITY

STATE

ZIP

Business

Personal

PAYMENT

INFORMATION

Frequency:

Start Date:

Amount of Debit(s):

ACH TERMS

Authorization

I/we authorize THE MAINE DANCE ACADEMY ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as outlined in the payment terms of this agreement.

Terms and Conditions I/We understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to company, at the above address, at least ten (10) days prior to the next due date. If the payment due date falls on a weekend or holiday, I/we understand and agree that the payment may be executed on the next business day. I/we understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), submission error, or other bank related return reasons I/we understand and agree that the company may at its discretion resubmit the ACH debit transaction within thirty (30) days. I/we also understand and agree that a return item charge may be assessed for each returned ACH debit.

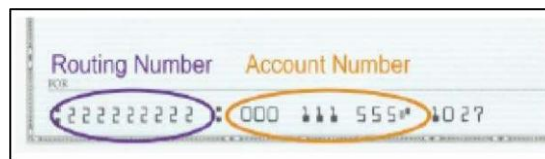
AUTHORIZATION

Please attach a voided check or deposit slip, or fill out the account details below:

Depository Bank Name:

Routing Number:

Account Number:



I/We acknowledge that the origination of ACH transactions to my/our account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.



Authorized Representative's Name (Print)

Signature

Date