

This form must be returned to the Finance Department upon acceptance of application.

**AKIBA ACADEMY OF DALLAS PAYMENT AGREEMENT**

Please complete all information requested below in **black** or **blue** ink only.

Changes to your Agreement must be made in writing through the Finance Department.



**1. RESPONSIBLE FOR PAYMENT** (MUST be an authorized signer on the account listed in Section 3.)

Name

Address  Phone #1  -  -

City  ST  ZIP  Phone #2  -  -

Email

**2. PAYMENT METHOD**

**Automatic Bank Payments (ACH)**

Checking or  Savings  
*(If one is not selected, Checking will be used.)*

Bank Name

Routing #

Account #

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**Credit Card Payment**

VISA  Mastercard  AMEX  Discover

Card Number

Expiration Date  xxxx

*(3.5% Processing Fee will be assessed for credit cards.)*

**3. PAYMENT INFORMATION**

Payment Date:  10th  20th  Last Day of Month  
*(If one is not selected, the Last Day of Month will be used.)*

**Payment Frequency: (Select ONE)**

10-Month (July - April)\*  Full Pay (May 10)

\* All balances must be paid in April of the school year. If coming in later in the school year the amount of months to pay will decrease to pay balance by April.

**4. STUDENT INFORMATION**

Name

Name

Name

Name

Name

**5. AUTHORIZATION** (Signature required by the person who is an authorized signer on the account listed in Section 3.)

By signing this Agreement, I guarantee that I am an authorized signer on the account provided. I hereby agree to be the Responsible Party, whether or not named as the Responsible Party in Section 2 above. I hereby accept, and agree to be bound by, the terms and conditions contained within this Agreement. If applicable, I authorize Akiba Academy of Dallas to initiate debit entries to the account provided, or any subsequent account, and to debit the balance due divided by the remaining months in the school year. In the event that I am not the Responsible Party named in Section 2, then I shall be deemed to be the Responsible Party for all purposes under this Agreement.

(X) \_\_\_\_\_  
Signature of the person who is an authorized signer on the account listed in Section 2.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Please print name of person who signed. Date

## TERMS AND CONDITIONS

Akiba Academy of Dallas (AKIBA) has contracted with Bank of Texas (BANK) identified on this Akiba Academy of Dallas Agreement (Agreement) to process payment for tuition and/or fees. As the Responsible Party whose signature appears on this Agreement, you accept and agree to be bound by the Agreement's terms and conditions until the total amount owed is paid in full. Your authorization will terminate when the total balance due has been paid (including fees, unless waived) and reenrollment information is not received for the next Institution term.

**AUTHORIZATION:** You authorize AKIBA to process payments from the account provided or any subsequent account. Your authorization will continue for the next Institution term submitted to AKIBA. .

**RETURNED PAYMENT FEE:** In the event that your financial institution returns a payment, an AKIBA returned payment fee of \$25.00 will be automatically processed from the account along with reposting the initial payment within 10 days. A returned payment fee will be assessed for each payment attempt that is returned. Unpaid fees may affect your ability to participate in payment plans during future academic terms. Fees are subject to change in future academic terms.

**PAYMENT DATES:** If the payment date falls on a weekend or a banking holiday observed by the Federal Reserve, the payment will be attempted on the next business day. Although AKIBA specifies the date each payment will occur, your financial institution determines the time of day the payment is debited from the account.

**CHANGES TO YOUR AGREEMENT:** You may revoke your authorization/terminate your Agreement by sending AKIBA a signed, written notification or email. Notification of termination must be received at least four (4) business days in advance of the next scheduled payment date. Please note that terminating your Agreement with AKIBA in no way affects your obligation to pay the balance of your account. AKIBA may demand immediate payment of all outstanding balances. You are strongly encouraged to contact AKIBA before requesting to terminate your Agreement.

**DISCOVERY OF SUSPECTED ERRORS:** If you discovery what you believe to be an error made to AKIBA, you must report the suspected error immediately. AKIBA must hear from you no later than sixty (60) days after the suspected error occurred. This obligates you to timely review of your bank statements and a timely response to company response to company letter, emails, phone calls, or My Backpack notifications. It is your responsibility to report suspected error as soon as possible.

**GOVERNING LAW:** You acknowledge that the origination of ACH transactions to your account must comply with the provisions of U.S. law. This Agreement shall be governed by the laws of the State of Texas. This Agreement should in no way be construed to be a lender-borrower agreement between AKIBA and you.

**PRIVACY AND SECURITY:** Data collected and stored by AKIBA pursuant to this Agreement is governed by AKIBA's privacy policy. This data will not be used by AKIBA in any manner not approved by AKIBA unless required by law (for example, a court order or subpoena). Access to the data shall be restricted to authorized associates and shall be used only for the purpose of providing service to you or AKIBA. AKIBA maintains physical, procedural, and electronic safeguards to protect data from being accessed by unauthorized third parties. AKIBA privacy policy will govern use of your information only in the event that you request additional services directly from AKIBA.