



## Lone Star Leadership Academy Payment Plan Authorization

**Student Name:** \_\_\_\_\_

I authorize Education in Action to charge my payment method indicated below in the amount of \$\_\_\_\_\_ on the 15th of each month, \_\_\_\_\_ through April 2027, in payment for the above-named student's Lone Star Leadership Academy tuition balance.  
starting month/year

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Education in Action in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a monthly payment transaction being rejected for Non-Sufficient Funds (NSF) I understand that Education in Action may at its discretion attempt to process the charge again within 30 days. I certify that I am an authorized user of this checking account/credit card/debit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form. I understand that failure to complete this payment plan may result in an adjustment of the student's tuition rate.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Payer Name** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

### Method of Payment

\_\_\_ **Checking Account** (no additional fee)

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

\_\_\_ **Credit/Debit Card** (2.8% convenience fee will be added to amount of monthly payments)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_