



# ENRICHMENT PAYMENT PLAN FORM 2022 - 2023

Skokie School District 73 1/2  
8000 East Prairie  
Skokie, IL 60076

847.676.8317  
sd735.ora

**FEE INFORMATION**

ENRICHMENT FEES	CLASS NAME	STUDENT NAME	AMOUNT
<i>Example</i>	<i>Ex - Drawing Wizards</i>	<i>Ex - Jose Estrada</i>	
Monday			
Tuesday			
Wednesday			
Thursday			
<b>GRAND TOTAL</b>			\$

**Payment Plan Selection:**

- Two Installments:**  
 Jan 30, 2023 & April 17, 2023            Equals Grand Total (listed above) divided by 2. Ex. \$226/2 = Two payment of \$113
- Three Installments:**  
 Jan 30, 2023, March 13, 2023, & April 17, 2023            Equals Grand Total (listed above) divided by 3. Ex. \$226/3 = Three payments (\$75.33, \$75.33, \$75.34)

**PAYMENT OPTIONS:**      Cash            Check            Credit Card\*            \* Complete the section below.

**PAYMENT PLAN AUTHORIZATION AGREEMENT**

I hereby authorize Skokie School District 73 1/2 to initiate automatic payments to the credit card (we do not accept debit cards) account listed below on the dates listed for each month. I also authorize Skokie School District 73 1/2 to make deposits from this account in the event that a debit entry is made in error.

Further, I agree not to hold Skokie School District 73 1/2 responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me. **It is my responsibility to notify the Business Office at 847.676.8317 if my credit card information changes during the school year.**

This agreement will remain in effect until all the student fees for the 2022-23 school year have been processed.

NAME OF PARENT/GUARDIAN	PHONE
NAME OF CARDHOLDER (PLEASE PRINT)	EMAIL
BILLING ADDRESS OF CARDHOLDER	CITY / STATE / ZIP
TYPE OF CREDIT CARD (PLEASE SELECT ONE):      VISA      MASTERCARD      OTHER (PLEASE SPECIFY): _____	
CARD NUMBER: _____ - _____ - _____ - _____      EXPIRATION DATE: _____ / _____	

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW & VERIFICATION - THIS SECTION MUST BE COMPLETED BY DISTRICT 73 1/2 STAFF MEMBER**

Date \_\_\_\_\_ Received By \_\_\_\_\_

PAYMENT PLAN      Yes      No

If YES, is AUTHORIZATION AGREEMENT completed?      Yes      No

Authorization Agreement must include cardholder name, card number AND expiration, and be signed and dated. A payment plan must also be selected.

Two (2) Installment Payment Plan			
Scheduled Payment Date	Payment Amount	Date	Receipt Sent
Monday - January 30th	\$		
Monday - April 17th	\$		

**STAFF NOTES:**

Three (3) Installment Payment Plan			
Scheduled Payment Date	Payment Amount	Date	Receipt Sent
Monday - January 30th	\$		
Monday - March 13th	\$		
Monday - April 17th	\$		