



Student# _____

Middle Tree
250 W. First St, Ste 210, Claremont, CA
909-293-9560

REGISTRATION AND PLEDGE AUTHORIZATION FORM

Student Name: _____ Parent/Guardian Name: _____

To receive an additional \$15 off a month on pledges over 1 month (\$5 for EACH): 1. set your account to auto pay (see reverse side) 2. Submit report cards/transcripts once a semester 3. Give Middle Tree a 1-time social media review

I/We Pledge:

- \$199 per month according to this contract for 1 Month of services and agree to the following:
- \$190 per month according to this contract for 4 Months of services and agree to the following:
- \$180 per month according to this contract for 6 Months of services and agree to the following:
- \$170 per month according to this contract for 9 Months of services and agree to the following:
- \$160 per month according to this contract for 12 Months of services and agree to the following:
- \$100 per week for ____ week(s) of unlimited in-person ACT/SAT or other test prep and agree to the following:
- \$350 per 4 weeks for ____ weeks of unlimited in-person ACT/SAT or other test prep and agree to the following:
- \$30 an hour for ____ hours of online tutoring and agree to the following:
- \$199 per week for ____ weeks of online tutoring and agree to the following:
- \$ _____ per month for College Counseling and agree to the following:
- \$ _____ per month according to this contract for _____ services and agree to the following:
 - a. Pay \$50 registration/materials fee (this is a one-time fee as long as enrollment is continuous and without gaps).
 - b. Pledges are non-refundable regardless of attendance.
 - c. Student(s) is/are enrolling for consecutive months under the agreed upon pledge terms.
 - d. Pledges are due on the 1st of each calendar month.
 - e. A \$25 late fee will be assessed if payment in full is not received by the 10th, or if said payment is returned by the bank for non-sufficient funds (NSF).
 - f. A cancellation fee of \$11 per hour may be applied to appointments canceled within 24 hours of the initial appointment time.
 - g. If payment in full is not received by the 15th of each month, student(s) will not be permitted to see tutors.
 - h. If your registration extends beyond June it will pause on June 1st and restart on September 1st.
 - i. All registrations are final. Cancellation of registration at any time for any reason does not alleviate the undersigned of the financial commitments outlined in this contract.

Please initial here: _____

PREFERRED PAYMENT TERMS AND CONDITIONS

Thank you for choosing Middle Tree for your supplemental education services. Please select your manner of payment from the options on the reverse side. Please also note that enrollment in the preferred payment plan does not change the terms of your contract above.

- I authorize Middle Tree, its authorized representatives, and services providers to initiate electronic withdrawals from my designated account to make monthly payments on my contract for services.
- I understand that I will receive confirmation specifying the date the electronic withdrawals will begin. I understand that I will continue to make my payment until I receive this confirmation and electronic withdrawals begin. A copy of this agreement shall serve as notice.
- I understand that this authorization and the program services in no way alter or lessen my obligation under my existing Middle Tree contract regarding the amounts of monthly payments, when payments are due, the application of payments, the assessment of late charges, or the determination of delinquencies. I must maintain sufficient funds in my account for withdrawal of my payment amount.
- Cancellation: In the event a cancellation is desired, I will be charged a cancellation fee. The cancellation fee shall be one month's charge at the agreed upon rate, and the difference between a one-month membership pledge (\$199) and the agreed rate, multiplied by the number of months utilized.
- I agree to be bound by the Program's Terms and Conditions stated herein.

Please initial here: _____

Print Name: _____

Signature: _____

Date: _____

(See Reverse Side)

PAYMENT TERMS

(Please select either checking, savings, credit or debit card)

- Account Type: Checking Savings Credit/Debit Card
- Payment Plan:
 - I DO want Auto Pay (checking this box gives you \$5 off every month on pledges beyond 1 month)
 - I DO NOT want Auto Pay

Routing number: _____ Account Number: _____

Attach voided check here

- Visa/Mastercard/American Express

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVV Code: _____

I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated on this authorization form.

Print Name: _____ Signature: _____

Date: _____

Email: _____ Phone #: _____

Address: _____