

LYCÉE FRANÇAIS
DE LA NOUVELLE-ORLÉANS

Payment Plan Authorization Form

Name of child(ren):

Name of parent(s):

Parent email:

Parent phone number:

Name of person making payment (if different from parent):

Email address of person making payment (if different):

Payment Details:

Total due:		Start date (1st or 15th of each month):	
Number of payments:		Date expected to pay off balance:	
Payment amount:			

Checking account information		Credit card information	
Name on the account:		Name on card:	
Financial institution:		Type of credit card:	
Routing number:		Credit card number:	
Account number:		Expiration date/CVV:	
<i>*Please provide either a valid checking account or credit card for processing on above dates.</i>		Billing Zip Code:	

This form should be used to request the establishment of a payment plan. An email confirmation will be sent to the parent (and cardholder if different) to confirm the payment arrangements detailed on this form once approved by the Business Office. Payment plans resulting in full payment by the end of the current semester will also be shared with the Enrichment Department to clear students for participation in Enrichment and / or Bonjour NOLA.

I authorize LFNO to charge my credit card/checking account on said date(s) above (or closest business day) for the said amount(s) above. To make changes to this agreement at any time, it is the responsibility of the Cardholder to contact the Business Office to terminate the terms of this agreement.

Cardholder Signature:

Date:

This form must be signed and emailed to ewarzewska@lfno.org.