

## 2025-2026 Automatic Tuition Payment

By signing up for this option, your account will be debited on the 7th (or the next business day) of each month for your child(ren)'s tuition installments.

**Please attach a void check scan with this form and upload to the enrollment portal.**

Parent/Guardian 1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Guardian 2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of child(ren) attending ILM Academy:

1. \_\_\_\_\_ Grade: \_\_\_\_\_ 3. \_\_\_\_\_ Grade: \_\_\_\_\_

2. \_\_\_\_\_ Grade: \_\_\_\_\_ 4. \_\_\_\_\_ Grade: \_\_\_\_\_

Automatic monthly deduction from your bank. Check **all** that apply to calculate total monthly tuition.

**Start from Youngest to Eldest Child:**

ECC-Infant	ECC-Toddler
<input type="checkbox"/> \$1,580 (M-F)	<input type="checkbox"/> \$1,457 (M-F)
<input type="checkbox"/> \$1,387 (MWF)	<input type="checkbox"/> \$1,170 (MWF)
<input type="checkbox"/> \$1,205 (TTh)	<input type="checkbox"/> \$1,000 (TTh)

1 <sup>st</sup> Child (skip if child in ECC)	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child	Total Monthly Payment (values added from <u>all</u> checked boxes)	Other Amount
<input type="checkbox"/> <b>Montessori</b> <b>\$1,274</b>	<input type="checkbox"/> <b>Montessori</b> <b>\$1,019.20</b>	<input type="checkbox"/> <b>Montessori</b> <b>\$891.80</b>	<input type="checkbox"/> <b>Montessori</b> <b>\$764.40</b>	\$ _____	<input type="checkbox"/> <b>Other</b>  \$ _____
<input type="checkbox"/> <b>Gr. 1-8</b> <b>\$1,098</b>	<input type="checkbox"/> <b>Gr. 1-8</b> <b>\$878.40</b>	<input type="checkbox"/> <b>Gr. 1-8</b> <b>\$768.60</b>	<input type="checkbox"/> <b>Gr. 1-8</b> <b>\$658.80</b>		

I hereby authorize Islamic Education Institute of Texas (IEIT) to charge my account detailed below from **August-May of this academic year**, or from (*start date*) \_\_\_\_\_ to May 2026.

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach a Voided Check scan along with this form:**

