

TUITION PAYMENT PREFERENCE FORM

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____
(Number, Street) (City/State) (Zip Code) (Telephone Number)

STUDENT'S FULL NAME & GRADE _____

Tuition for the 2013-2014 school year will be paid by:

- _____ Option 1 – Single payment of **total** tuition for the year. Payment due by July 10, 2013.
- _____ Option 2 – Two equal payments of total tuition for the year. Payments due by July 10, 2013 and by January 10, 2014.
- _____ Option 3 – Tuition may be billed to a credit/debit card, as a one-time payment, two payments, or on a monthly basis on the 5th or 20th of each month. Please note, to recover cost associated with the credit card purchases, a 2% surcharge will be added to your payment total. Complete the back of this form or contact Mrs. Eileen Engelmeyer at 314-385-5090, ext. 852 to set up this credit/debit card billing.
- _____ Option 4 - Monthly Bank Automatic Debit Plan. Payments are budgeted over 10 months or 12 months beginning in July on the 5th or the 20th and ending in April on the 10 month plan or June on the 12 month plan.

If you choose Option 3 or Option 4 you must fill out the agreement form on the back of this page. This form must be returned to the School office with your registration form. If you have any questions, please contact Mrs. Eileen Engelmeyer at 385-5090.

I agree to make tuition payments for the 2013-2014 school year according to one of the options above.

Parent/Guardian Signature

Dated

**Credit/Debit Card Payments
Option 3**

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

MC/VISA/Discover (Circle one) Exp. Date: _____

Acct#: _____

Signature: _____

**St. Ann School Authorization Agreement
Automatic Deposit (ACH Debits)
Option 4**

I (we) hereby authorize St. Ann School hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account.

(Financial Institution Name) (Branch)

(Routing Number) (Account Number)

Type of Acct. _____ checking or _____ savings (you **must** choose one)

Month of First Payment **July** Payment Date: _____ 5th or _____ 20th (you **must** choose one)

(*If you choose payments on the 5th and the money is not in the account then we automatically will pull your payment on the 20th or if you choose payments on the 20th and the money is not in the account then we automatically will pull the payment the 5th of the next month.)

Payments can be for 10 months or 12 months (please circle.) Amount of your payment _____
(Please note tuition runs July 2013-June 2014)**

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Social Security Number of Individual)

(Signature) (Date) (Telephone Numbers) (Home/Work/Cell)