

TUITION PAYMENT PREFERENCE FORM
Please complete and return with Registration Form(s)

PARENT/GUARDIAN NAME (s) _____

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

Mom's Phone Number _____ Dad's Phone Number _____

STUDENT'S NAME (First & Last) & GRADE:

1 _____ Grade _____

2 _____ Grade _____

3 _____ Grade _____

4 _____ Grade _____

Tuition for the 2016-17 school year will be paid by option (must choose one of the options below)

_____ Option 1 – Single payment of **total** tuition for the year. Payment due by July 20, 2017.

_____ Option 2 – Two equal payments of 50% **total** tuition for the year. Payments due by July 20, 2017 and by January 20, 2018.

_____ Option 3 - Monthly Bank Automatic Debit Plan. Payments are budgeted over 10 months or 12 months beginning in July on the 5th or the 20th. You must complete the bottom part of the back of this form. Any questions, please call Eileen Engelmeyer at 314-385-5090, ext. 852.

If you choose option 3 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 314-385-5090, ext. 852.

I agree to make tuition payment for the 2017-18 school year according to one of the options above.

Parent/Guardian Signature

Date

Option 3

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

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)

(Routing Number)

(Account Number)

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

Please note tuition runs July 2017 - June 2018 (12 months) or July 2017 - April 2018 (10 months)

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. 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 your choice). Amount of your monthly payment _____

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)

(Signature)

(Phone # you can be reached at during the day)

(Cell phone)

Office use only

Registration Fees _____

Book Fees _____

SAPO Fees _____

Cash _____ Check _____

Date _____