

TUITION PAYMENT PREFERENCE FORM

PARENT/GUARDIAN'S NAME: _____

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

STUDENT'S NAME & GRADE _____

Tuition for the 2009-2010 school year will be paid by:

- Option 1 - Single payment of total tuition for the year. Due July 1, 2009.
Option 2 - Two equal payments of total tuition for the year. Payments due July 1, 2009 and December 1, 2009.
Option 3 - Monthly Bank Automatic Debit Plan. Payments are budgeted over 10 months or 12 months beginning in July 2009.

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

I agree to make tuition payments for the 2009-2010 school year according to one of the options above.

Parent/Guardian Signature Dated

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) (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 2009-June 2010)

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)