



2010-2011 Authorization Agreement for Direct Tuition Payments

Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Bill Payer's Name (Please print):			
Phone Number:		Email Address:	

Payment Date and Amount

Tuition payments can be made in up to 10 equal monthly payments starting August 1, 2010 thru May, 2011. Payments can also be made in advance. Please indicate the number of payments and the tuition amount that you authorize for this Automatic Debit agreement. Automatic payments will be processed on the 3rd of the month. If this date falls on a weekend or holiday, your electronic payment will be processed on the next business day.

Number of Automatic Payments	Payment Amount	Starting Month

Bank Account Information

Bank Name:	
Bank Routing (ABA) Number:	
Checking Account Number:	

PLEASE ATTACH A VOIDED CHECK TO ENSURE TIMELY PROCESSING

Payment Terms and Conditions

- Payments:** I understand that my payments will be directly debited from my bank account by St. Simon Parish School and directly deposited into the school's bank account. Initial _____
- Dishonored Payment:** I understand that there will be a fee for any returned electronic payments as described by the school's financial policy which will be automatically debited from my account. I further agree that if installment payments are dishonored for two consecutive months that I will be ineligible for the electronic payment program and I will be required to pay at the school. Initial _____
- 10-Day Notice** I will provide St. Simon School with at least a 10-Day notice if there are any changes in the status of my bank account. Initial _____

Authorized Signature

I have read and agree to the terms and conditions of my automatic payment:

Primary Bill Payer's Signature	Date
Secondary Signature (For Joint Account)	Date

Please return completed form and voided check to the Business Office located in the Parish Rectory building. Thank You.