

## St. Aloysius Catholic Church 2018–2019 Pre-School Tuition Agreement

It is agreed to and understood as a condition of our child/children's education at Saint Aloysius Pre-School, we will pay tuition for the 2018-2019 school year based on our preference as indicated below. We are obligated to enroll in ACH (auto withdrawals) for submission of payments as checked below. **If unable to keep the commitment below, a meeting with the pastor will be mandated.**

### Select a payment option below:

**Annual Payment Plan (There is a 2% discount for tuition paid in full by July 1, 2018)  
A \$50 late fee will be assessed.**

Full Day Students	\$5,813.00
Pre-K Students	\$2,771.00
3-Day Students	\$1,826.00
2-Day Students	\$1,672.00

**Semi-Annual Payment Plan: The first ½ year payment is due by July 1, 2018. The 2<sup>nd</sup> payment is due by December 31, 2018. No Exceptions Please. A \$50 late fee will be assessed.**

Full Day Students	\$2,906.50
Pre-K Students	\$1,385.50
3-Day Students	\$913.00
2-Day Students	\$836.00

If selecting the monthly payment plan option complete the ACH form on the back. This withdrawal will begin with your July 2018 payment. If you have any questions, please contact the Parish Office, 241-8452. **Insufficient funds will result in an additional \$15 service fee.**

**10 Month Payment Plan  
July 2018 – April 2019  
(A late payment fee of \$50 will be assessed.)**

Full Day Students	\$581.00/month
Pre-K Students	\$277.00/month
3-Day Students	\$183.00/month
2-Day Students	\$167.00/month

Please return to the Parish Office by May 25.

Student(s) First & Last Name:

Pre-School Class Attending:


To be completed by the parent/guardian financially responsible:

\_\_\_\_\_ Signature \_\_\_\_\_ Please Print Name

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

# St. Aloysius Church

\*\*\*\* TUTION PAYMENT \*\*\*\*

## ACH FORM

### AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT

I hereby authorize *Saint Aloysius* to initiate electronic debit entries to my account listed below. It is agreed that these withdrawals will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA).

Checking Account    Account # \_\_\_\_\_ Routing #: \_\_\_\_\_  
or  
Savings Account    Account # \_\_\_\_\_ Routing #: \_\_\_\_\_

**I choose to have my Tuition Payment deducted as follows: (must check one)**

Monthly (10<sup>th</sup> of month)    \_\_\_\_\_    Amount \$ \_\_\_\_\_

Monthly (20<sup>th</sup> of month)    \_\_\_\_\_    Amount \$ \_\_\_\_\_

Note: If any of the above dates fall on a weekend or holiday, then the withholding will take place the first banking day following the above date.

This authority shall remain in full effect until Saint Aloysius has received written notification from me of its termination in such time and in such manner as to afford St. Aloysius and the bank(s) a reasonable opportunity to act upon the termination request.

\*\*\*\*\*IMPORTANT\*\*\*\*\*

**A VOIDED CHECK MUST BE ATTACHED FOR EACH CHECKING ACCOUNT.  
A VOIDED DEPOSIT SLIP MUST BE ATTACHED FOR EACH SAVINGS ACCOUNT.  
(If using same accounts as previous year no need to attach another check or deposit slip.)**

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

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

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

Effective Date: \_\_\_\_\_