

St. Cecilia Cathedral Grade School Tuition Payment Plan

Payment is required for students to attend school. Action will be taken in cases of missed payment.

Parent Name _____

Billing Address _____

Telephone _____ Relationship to Student _____

Student's Names _____ Grades _____

I agree to pay tuition for the above named students at the interval chosen below:

____ Annual (due August 15)

____ Semi-annual (due August 15 and January 15)

____ Quarterly (due the 15 of August, October, January, March) **(Electronic Funds Transfer only)**

____ Monthly (due the 15th of each month from August to May) **(Electronic Funds Transfer only)**

For Electronic Funds Transfer:

I hereby authorize St. Cecilia Cathedral to initiate and charge debit entries to my checking account as indicated below:

Name on account: _____

Account Number: _____

Bank Name: _____ Bank Routing Number: _____

In the amount of \$ _____ for tuition

To be deducted:

____ Quarterly on the 15th of August, October, January, and March

____ Monthly on the 1st or 15th of each month (Circle one)

This authority is to remain in effect until the St. Cecilia Cathedral Business Office has received written notification from me of its termination in such time and manner as to give St. Cecilia Cathedral Business Office a reasonable opportunity to act upon it.

Signed: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM and return to St. Cecilia Cathedral Grade School.