



St. Paul's Lutheran Church Preschool Tuition Payment Form

Child's Name _____ Class _____

Please select your preferred frequency of payment (please note that all tuition must be fully paid by March 1, 2024 unless other arrangements are made with the Director's office):

- Annual (paid in full by August 15, 2023)
- Bi-Annual (half paid by August 15, 2023; second half paid by January 15, 2024)
- Monthly (remaining tuition spread over 7 payments beginning August 15, 2023)

Please select your preferred method of payment:

- Cash or Check
- One time: Automatically charge my debit or credit account – 1% surcharge fee for debit and 4% surcharge fee for credit above tuition balance due (fill out information below)
- Monthly: Automatically charge my debit or credit account – 1% surcharge fee for debit and 4% surcharge fee for credit above tuition balance due (fill out information below)

Please complete the information below for automatic payments

I _____ authorize St Paul's Lutheran Church Preschool to charge my bank/card indicated below for a one-time charge of \$_____ OR a monthly charge of \$_____ on the 15th of each month from August, 2023 – February, 2024 for payment of tuition.

<p><u>Checking/Savings Account (1% fee)</u></p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Name on Acct: _____</p> <p>Bank Name: _____</p> <p>Account #: _____</p> <p>Bank Routing #: _____</p> <p>Bank City/State: _____</p>

<p><u>Credit Card (4% fee)</u></p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover</p> <p>Cardholder Name: _____</p> <p>Account #: _____</p> <p>Expiration Date: _____</p> <p>CVV #: _____</p> <p>Billing Zip Code: _____</p>

Billing Address _____

Phone# _____ Email _____

Signature

Date

I agree to notify St Paul's Lutheran Church Preschool in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that St Paul's Preschool may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.