

Parent, Guardian, Bill Payer Information

FIRST NAME OF BILL PAYER

LAST NAME OF BILL PAYER

ADDRESS OF BILL PAYER

APT. NUMBER

CITY

STATE

APT. NUMBER

HOME PHONE NUMBER

CELL PHONE / OTHER PHONE NUMBER

EMAIL ADDRESS WHERE YOU WILL RECEIVE ACCOUNT/PAYMENT INFORMATION

Payment Options

PLEASE DEBIT MY MONTHLY BALANCE ON THE DAY OF THE MONTH.

SAVINGS ACCOUNT

CHECKING ACCOUNT

SCHOOL: ST. VINCENTS 92103
CODE:
PLAN: 10 MONTHLY INSTALLMENTS

BEGINS:
ENDS:

9-DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

FULL NAME AS IT APPEARS ON YOUR CHECK OR BANK ACCOUNT

CREDIT CARD

EXP DATE

CARD CODE

Student Information

*GRADE - USE PK, K, 1-12

GRADE *

FIRST NAME OF STUDENT

LAST NAME OF STUDENT

I have read and agree with the terms and conditions on the reverse side of this document. I agree that the school will establish a recurring installment payment plan for the tuition amounts due for the school year indicated above. I agree that the school may automatically re-enroll me in this payment program each subsequent year that there is a balance due for the students listed above. I agree that failed attempts to withdraw an installment payment will result in a \$15 insufficient funds fee.

SIGNATURE OF BILL PAYER _____

DATE SIGNED _____

For School Office Use Only - Fax to: 1-800-217-7707

- THIS IS A LATE ENROLLMENT
- SPREAD PREVIOUS BALANCE ACROSS INSTALLMENTS
- APPLY PREVIOUS BALANCE TO FIRST INSTALLMENT
- SPREAD FEES ACROSS INSTALLMENTS
- COLLECT FEES IN FIRST INSTALLMENT

PREVIOUS BALANCE

\$.

TUITION TOTAL FOR THIS SCHOOL YEAR

\$.

FEE TOTAL FOR THIS YEAR

\$.

TOTAL ANNUAL TUITION CONTRACT

\$.