

Parent, Guardian, Bill Payer Information

FIRST NAME OF BILL PAYER

LAST NAME OF BILL PAYER

ADDRESS OF BILL PAYER

APT. NUMBER

CITY

STATE

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: STVINCENTS-92103
 10 MONTHLY INSTALLMENTS
 AUGUST 2009-MAY 2010

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

Annual Tuition and Fees

Fax or email form & voided check to:
1-866-610-0488 or tuition@payplanner.net
 THIS IS A LATE ENROLLMENT

 COLLECT FEES IN FIRST INSTALLMENT

TUITION TOTAL FOR THIS SCHOOL YEAR

 \$

FEE TOTAL FOR THIS YEAR

 \$
TOTAL ANNUAL TUITION CONTRACT

 \$

- I authorize St. Vincent's School to establish a recurring installment payment plan for the tuition amounts due for the school year and number of payments 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.
- I agree that failed attempts to withdraw an installment payment will result in a \$15 insufficient funds fee deducted from my payment account.
- I acknowledge that a fee of 2.50% will be added to all credit card payments. I authorize PayPlanner to deduct a one-time administration fee of \$29 from the payment account selected.

SIGNATURE OF BILL PAYER _____

DATE SIGNED _____