

*St. Francis of Assisi Parish*

**Tuition Payment Direct Debit Agreement**

Name \_\_\_\_\_

Child(ren) name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I authorize St. Francis of Assisi Parish to instruct my bank to make direct debits to my account for payment of School Tuition and, if indicated, Fees. Debits will be made once each month on the regularly scheduled tuition due date, as shown in the schedule below. I understand that I may discontinue this authorization at any time by providing written notice, at least 15 days prior to any monthly due date. This information will be treated confidentially and used solely for the purpose of direct debiting of tuition/donation payments.

Furthermore, I understand that I have the option of making a tax deductible **MONTHLY** contribution to the **St. Francis of Assisi School Tuition Assistance Fund** per my donation noted below.

I also understand that it is my responsibility to advise the Bookkeeper of any change in bank of account or account number, and that if a direct debit is returned to St. Francis of Assisi Parish for reason of either a closed account or non-sufficient funds, I shall be liable for a **return fee of \$30.00**.

My Bank or Financial Institution \_\_\_\_\_

Routing # \_\_\_\_\_ Account Number # \_\_\_\_\_

**Tuition Amount (including fees)** \$ \_\_\_\_\_ *per month*

**Tuition Assistance Donation:** \$ \_\_\_\_\_ *per month*

**Total:** \$ \_\_\_\_\_ *per month*

Signature \_\_\_\_\_ Start Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM  
RETURN TO THE PARISH OFFICE BY AUG 4, 2016**

2016-17 TUITION ELECTRONIC PAYMENT DATES

Monday, August 15  
Thursday, September 15  
Monday, October 17  
Tuesday, November 15  
Thursday, December 15

Tuesday, January 17  
Wednesday, February 15  
Wednesday, March 15  
Monday, April 17  
Monday, May 15

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