

## St. Joseph School Electronic Tuition Payment Form

Student Name(s)		
Parent Name(s)		
Address		
City State Zip		
Phone		
Please debit my account (check one)	Checking_____	Savings_____
Routing #		
Account #		
Name on Account	Bank/Credit Union Name	
<p>I authorize St. Joseph School to process debit entries to my account. I understand that this authority will remain in effect until a reasonable notification to terminate this authorization.</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>		

***Please choose one of the payment plans below and circle your preference for Payment to be on the:      1st      15th      or      20th      of the month***

(circle choice) 1st of the month / 15th of the month/ 20th of the month	10 month plan	September 2024   -   June 2025	
	4 month plan	Oct. 2024                      Jan 2025 April 2025                      June 2025	
	2 month plan	Nov 2024   &   March 2025	
Other plan: Please indicate Day_____ Month(s)_____ Amount_____			
<b>Tuition</b>	<b>Yearly Total K-8</b>	<b>Yearly Total PK4</b>	<b>Yearly Total PK3</b>
<b>Actual Cost</b>	<b>\$2,600</b>	<b>\$3,500</b>	<b>\$3,500</b>
<b>10 Payments</b>	<b>\$260</b>	<b>\$350</b>	<b>\$350</b>
<b>4 Payments</b>	<b>\$650</b>	<b>\$875</b>	<b>\$875</b>
<b>2 Payments</b>	<b>\$1,300</b>	<b>\$1,750</b>	<b>\$1,750</b>
<b>Days</b>	<b>(3 Days) 4 year old \$1,900</b>	<b>(2 Days) 3 year old \$1,900</b>	
<b>10 Payments</b>	<b>\$190</b>	<b>\$190</b>	
<b>4 Payments</b>	<b>\$475</b>	<b>\$475</b>	
<b>2 Payments</b>	<b>\$950</b>	<b>\$950</b>	

*In the event there are Non-sufficient funds, you will be charged the applicable NSF fee from Saint Joseph School in addition to any charges you may incur from your bank/credit union.*