

**ST. CECILIA SCHOOL**  
**TUITION PAYMENT AGREEMENT FORM**

(RETURN FORM TO ST. CECILIA SCHOOL)

**1. STUDENT INFORMATION**

Enter student names and grade attending in 2019-2020 on the line provided

First \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_

**2. RESPONSIBLE FOR PAYMENT (Must be an authorized signer on the account listed in Section 3)**

Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Address \_\_\_\_\_ Evening Phone # \_\_\_\_\_

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

**3. PAYMENT TERMS (Circle a Payment Option)**

**OPTION 1: One Payment in Full** – I will pay the total balance due in full to St. Cecilia School by Aug 1, 2019.

Attach cash, check or money order for full amount.

**OPTION 2: Schedule Payment Plan** – I will use the payment plan to pay the total balance due with automatic deductions from my bank account on the \_\_\_\_5<sup>th</sup> or the \_\_\_\_20<sup>th</sup> of every month. (Please check your choice.)

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Checking or \_\_\_\_\_ Savings

Bank Account Number \_\_\_\_\_ Banking Routing number \_\_\_\_\_

*(Attach to this form a voided check)*

This authorization is to remain in full force and effect until June 30, 2020 or until the School has received written notification from me of its termination in such time and in such manner as to afford both a reasonable opportunity to act on it.

**IMPORTANT – A \$25 Missed Payment Fee will be automatically deducted from this account for each 2<sup>nd</sup> payment attempt that is missed.**

**4. SIGNATURE**

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*(If second signature is required)*

.....  
**THIS SPACE FOR OFFICE USE ONLY**

Number of students \_\_\_\_\_

In Parish

Out of Parish

Bank Routing # (ABA#) \_\_\_\_\_

Tuition/Fees Amount \$ \_\_\_\_\_

Less Registration \$ \_\_\_\_\_

Less Tuition Aid \$ \_\_\_\_\_

Total Balance due \$ \_\_\_\_\_

Number of Payments \_\_\_\_\_

Amt. of each Payment \$ \_\_\_\_\_

Tuition paid \$ \_\_\_\_\_

Date \_\_\_\_\_

Check # \_\_\_\_\_ Copy mailed \_\_\_\_\_