



SAINT MARY'S CATHOLIC HIGH SCHOOL

Account Authorization Form for Tuition Payment School Year 2024-2025

--TO BE SIGNED & RETURNED WITH REGISTRATION MATERIALS--

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| This form provides information needed to set up tuition accounts for the upcoming school year. | | |
| Student Name: | Grade in 2024-2025: | |
| TUITION IS TO BE BILLED TO: | | |
| Last Name: | First Name: | Middle: |
| Relationship to Student: | Email Address: | |
| Mailing Address: | City/State: | Zip: |
| Home Phone: | Cell Phone: | Work Phone: |
| <i>A separate tuition agreement is needed for an additional household for _____% of the tuition. If selected, please complete the information below. A copy of this form and the Statement of Tuition & Fees will be mailed to this contact.</i> | | |
| Last Name: | First Name: | Middle: |
| Relationship to Student: | Email Address: | |
| Home Address: | City/State: | Zip: |
| Home Phone: | Cell Phone: | Work Phone: |
| BILLING SCHEDULE: Monthly tuition payments begin August, 2024 | | |
| Tuition/School Fee payments are to be deducted on this day each month (select one): <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th | | |
| BILLING ACCOUNT INFORMATION: | | |
| I would like payments drafted from the following account: | | |
| Bank Account: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account | | |
| Bank Name: _____ | | |
| Routing #: _____ Account #: _____ | | |
| As a financial guardian of this registering student, I hereby state that the information herein is complete and correct. | | |
| Parent/Guardian Name (Printed): | Parent/Guardian Name (Signature): | Date: |