



# SAINT MARY'S CATHOLIC HIGH SCHOOL

## Account Authorization Form for Tuition Payment School Year 2025-2026

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

<b>This form provides information needed to set up tuition accounts for the upcoming school year.</b>		
Student Name:	Grade in 2025-2026:	
<b>TUITION IS TO BE BILLED TO:</b>		
Last Name:	First Name:	Middle:
Relationship to Student:	Email Address:	
Mailing Address:	City/State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
<b><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 &amp; Fees will be mailed to this contact.</i></b>		
Last Name:	First Name:	Middle:
Relationship to Student:	Email Address:	
Home Address:	City/State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
<b>BILLING SCHEDULE: Monthly tuition payments begin August, 2025</b>		
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		
<b>BILLING ACCOUNT INFORMATION:</b>		
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: