



2017-2018 Tuition Contract & Payment Agreement

Please select one payment plan below and return this form no later than July 27, 2017

Parent/Guardian Name _____ Family Code _____

Address _____

Daytime Phone _____ Home/Cell _____

E-mail Address _____ I prefer to receive paper statements

Monthly ACH

Payments will be drawn each month on the banking day closest to the 10th from August through May

Name of Financial Institution _____ Routing number _____

Checking Acct # _____ (OR attach a check) Savings Acct # _____

In Full by Check or Cash

Must be paid no later than 7/27/17 to receive a 1% discount

By checking this box, I agree to waive the 1% discount

Semester by Check or Cash

Pay one-half by 7/27/17 and balance by 1/19/18

Quarterly by Check or Cash

Pay one-fourth by 7/27/17, 10/20/17, 1/19/18 and 3/20/18

Quarterly Credit Card

Please note that credit card payments do not receive 1% discount for payment in full. Credit card payments can be made at the Holy Family Central Office or on-line (which has a \$5 convenience fee). To pay on-line, go to www.holyfamilydbq.org, click on Admissions, Tuition & Fees, and "Pay tuition now with a credit card." Parents can make a one-time payment or select automatic quarterly recurring payments.

You must make the first credit card payment by 7/27/17. After that, recurring credit card payments will automatically pull on 10/27/17, 1/29/18, and 4/27/18.

I authorize Holy Family Catholic Schools and the financial institution named above to initiate entries to my checking/savings/credit card account. This authority will remain in effect until all services received are reimbursed or until I notify Holy Family Catholic Schools in writing.

A \$20 fee will be charged for any payment returned for non-sufficient funds or stopped payment. I can stop payment of any entry by notifying Holy Family Catholic Schools two (2) business days before my account is charged. In all cases, the final payment amount may vary slightly from the others in order to reflect any adjustment to your account due to credits or new charges incurred during the school year.

I understand that I am responsible for the payment of this tuition. I will pay any and all related fees if it is necessary for Holy Family to send my account for collection for payment in full.

Signature _____

Date _____