



2020-2021 Tuition Contract & Payment Agreement

Please select one payment plan below and return this form by August 7, 2020

Parent/Guardian Name _____

Family Code (on tuition statement) _____ Phone _____

Preferred Email Address for Tuition Statements _____

Monthly ACH

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

By checking this box, I wish to use the same bank account as last school year (leave next section blank).

Name of Financial Institution _____ Routing number _____

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

In Full by Check or Cash

Tuition balance must be paid in full no later than 8/7/20 to receive a 1% discount.

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

In Full by Credit Card

Please note that credit card payments do not receive 1% discount for payment in full. Credit card payments can be made online at www.holyfamilydbq.org (click on Admissions, Tuition & Fees, and "Pay Tuition with a Credit Card.")

Quarterly by Credit Card

If this is a new payment plan, parents must make the first credit card payment by 8/7/20. After that, recurring credit card payments will automatically pull on 11/9/20, 2/8/21, and 5/7/21 and a receipt will be emailed.

By checking this box, I wish to use the same credit card account as last school year. Holy Family will process all four quarterly credit card payments with the credit card on file.

Quarterly by Check or Cash

Please pay one-fourth of your balance with cash or check by 8/7/20, 11/9/20, 2/8/21, and 5/7/21.

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 _____