

## TUITION PAYMENT AGREEMENT 2024-2025

Payment Amount and	d Schedul	e Preschool	L ELEMENTARY
Monthly tuition is due and payable on or before thereafter, through May.  An account will be considered delinquent if assessed to each account that is delinquent. In Parent/Student Handbook for details.	not paid by the 5 <sup>th</sup> of	the month that payment is	s due. A late fee of \$15 will be
Student 1 Tuition	\$	Student Name	
Student 2 Tuition	\$	Student Name	
Student 3 Tuition	\$	Student Name	
Annual Tuition Total:	\$		
Monthly Tuition Payment Total:	\$	_	
A monthly invoice will be provided for tuition to a student's account. The lack of an invoice date.  Payment Options and F	e does not relieve the	<u> </u>	<del>_</del>
Monthly payments may be may be by the fol	lowing means.		
• Cash should be paid directly to the payment has been made.	office manager in the	e school office. A receipt	will be provided acknowledging that
			y reason, a \$15 returned payment fee sed for each payment attempt that is
			curring basis by providing credit card curs additional expenses when credit
<ul> <li>School Initiated ACH will be made information in the Payment Authori charges will be provided.</li> </ul>			
Please indicate desired Payment Method:  Check/Money Order	Payroll Deduct	ion (Staff Only)	School Imitated ACH Cash

1 of 2

If you have selected to pay by cash, check or Money Order, please sign backside and return to the School Office.

If you have selected to pay by ACH or by Credit card, please fill out the forms below, sign and return this form to the school office.

## **ACH or Credit Card Payment Authorization**

Checking/ Savings Account

Savings

Checking

Please fill out the following if you desire to authorize tuition payments by either ACH or Credit Card.

I (we) hereby authorize Faith Lutheran School (FLS), to debit entries to my (our) account shown below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Visa

**Credit Card** 

■ MasterCard

	Name on Acct			Amex	Discover				
	Bank Name			Cardholder Name					
	Account Number			Account Number					
	Bank Routing #			Exp. Date					
	Bank City/State			CVV (3 digit number on back of card)					
	ECR	Account Number		Zip Code					
IF SELECTING A CHECKING ACCOUNT, PLEASE ATTACH A VOIDED CHECK TO THIS FORM									
Each of the undersigned Responsible Party(ies) agree(s) and acknowledges that, as a condition of enrollment of the student(s) listed below with Faith Lutheran School for the 2024-2025 school year, he/she agrees to be, and is, liable for the full amount of tuition, enrollment, and other fees and expenses of said student(s) for this school year, and further that this obligation is a joint and several obligation, so that each of the undersigned is liable to FLS for the full amount of fees and expenses. The undersigned also acknowledges that any unpaid account may be turned over for collection after sixty (60) calendar days following the last day the student has attended FLS.  This authority is to remain in full force and effect from or until FLS has received written notification from me (or either of us) of its termination in such time and manner as to afford FLS and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I further authorize FLS to use ACH transaction to collect any unpaid balance upon my withdrawal from the school.									
Print R	esponsible Party Nam	nes (Please Print)							
Respon	nsible Party (Signature	2)		Date	2				
Responsible Party (Signature)		Date	2						