



St. Paul School ENROLLMENT PACKET

1825 Church Lane 510.233.3080
San Pablo, CA 94806 www.st-paulschool.org

New and Returning Families for the School Year 2018-2019 2018-19 Tuition Payment Options

Print Student Name: _____ Grade: _____

Print Parent/Guardian Name: _____

The person responsible for tuition payments is: _____
(please print name)

Relationship to student: _____

2018-19 Tuition Payment Schedule

- One full payment - due August 17, 2018.** Savings of 3% one time payment (This option is not available to those receiving financial assistance of any kind.).
- Two equal payments - due August 17, 2018 and January 17, 2019.** Savings of 1% for each payment (This option is not available to those receiving financial assistance of any kind.).
- 10 equal payments - first payment due August 2018 and last payment due May 2019.**
- 11 equal payments - first payment due July 2018 and last payment due May 2019** ^{note1}

Note1: If you are requesting an 11-month installment plan, you must check the box and provide all payment information prior to **June 22, 2018** or you will assigned the 10-month payment plan.

Even if you have applied for financial aid through FACTS/FACE/BASIC fund agencies and have not yet received subsidy information, **you MUST still select one of the payment options listed above.**

OPTION 1

- I wish to make my tuition payment through the Electronic Funds Transfer (ACH)
I understand that my payments will be directly debited from my bank account by Mechanics Bank

Bank Routing Name _____

Bank Account Number _____

Please attach a VOIDED check. Once we have received this completed form, your payment will be taken out automatically per your contract until further notice.

2400
91-548/1221
PAY TO THE ORDER OF _____ \$ _____
DOLLARS
FOR _____
⑆ 22105278⑆ 6724301068⑆ 2400⑆
Routing Number Account Number Check Number

OPTION 2

- I wish to make my tuition payment using a debit or credit card. Please fill out the Credit Card Authorization form and return it to the office along with other enrollment forms.

Debit my bank account or charge credit card on (Choose ONE):

- the 5th of the month or the 20th of the month

See attached Debit / Credit Card Verification form

Note: This information will be kept confidential and destroyed at the end of each year

OPTION 3

- I will pay with credit card, check, cash or money order at the office. Payments are due by 4:30 pm on the last **business** day of the month. Any exceptions will be announced in the weekly Newsletter.

Please read and initial:

_____ I will provide St. Paul School with a **10-day notice** if I need flexibility in my payment date or method of payment in any given month. I understand that I will not be granted this privilege more than once in a three-month period.

_____ I understand that any payments returned due to insufficient funds will incur a \$30.00 fee.

_____ I understand that payments received after 4:30pm on the last business day of the month will incur a \$40.00 late fee.

Authorizing Signature: _____ **Date:** _____

NOTE: St. Paul School billing statements will be sent out to all families at the end of each trimester. Billing statements will be sent out monthly for those families who have an unpaid balance.