Saint Mary Nativity Catholic Church - 10566 - 01 • 2008 - 2009

F-AR-PAS-312

1 Family Contact Information

Account Number (if previously enrolled with TMS): _____

Payer's Name: Mr. Mrs. Ms. _____
First Middle Initial Last

Family ID: _____ Secondary Contact: _____
First Last

Payer Street Address: _____ Apt: _____

City: _____ ST: _____ Zip: _____

Payer Telephone: (_____)_____-_____ Payer Email: _____

Student 1: _____ Grade: _____

Student 2: _____ Grade: _____

Student 3: _____ Grade: _____

Student 4: _____ Grade: _____

2 Plan Option:

10 Installments:
Due 8/1/2008 **to** 5/1/2009

PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED IN THIS PLAN UNTIL GRADUATION OR CANCELLATION.

3 Optional Agreement For Automatic Bank Withdrawal

Complete this section to start Automatic Withdrawal. If you wish to be billed monthly for payments due leave this section blank. I hereby authorize Tuition Management Systems to initiate debit entries to my account indicated below and my bank, named below, to debit the same such account.

ACCOUNT INFORMATION: Please automatically deduct my monthly bill payments from the following account:

☐ Checking (You must attach a **VOIDED CHECK**) ☐ Statement Savings

Note: If using a brokerage account, it is your responsibility to contact your broker to confirm that ACH is available for that account.

Bank Account #: _____

Bank Routing # : ☐☐☐☐☐☐☐☐☐ **Bank Name:** _____

This authority is to remain in full force and effect until Tuition Management Systems and my bank have received written or verbal notification from me of its termination in such time and in such a manner as to afford both a reasonable opportunity to act on it.

PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED AND INCUR THE APPLICABLE BANK WITHDRAWALS FOR THIS PLAN UNTIL GRADUATION OR CANCELLATION.

4 Payer Signature:

I hereby agree to any and all information and agreements noted above: _____ Payer Signature Date ____/____/20_____

SCHOOL USE ONLY

1. Tuition	$_____.___	
2. + Fees/Other	$_____.___	
3. = **Total Expenses**	$_____.___	
4. - Grants/Financial Aid	$_____.___	
5. - Scholarships	$_____.___	
6. = **Total Plan Amount:**	$_____.___	
7. ÷ Number of Installments	10	
8. = **First Installment Amount Due**	$_____.___	
9. = **Remaining Installment Amounts Due**	$_____.___	
10. **Installments Paid At School (if any):**	$_____.___	

Envelope #: _____

☐ **Parishioner at St. Mary Nativity**

☐ **Parishioner at Holy Cross**

☐ **Non-Parishioner**

Notes: _____

_____ Administrator Signature Date ____/____/20_____

WHITE COPY - TUITION MANAGEMENT SYSTEMS YELLOW COPY - SCHOOL PINK COPY - FAMILY