

Please complete all information requested below.

For Office Use Only:

Household ID# \_\_\_\_\_

1. Number of children enrolled in **PK EXTENDED CARE**:

2. **PARTY RESPONSIBLE FOR PAYMENT** (Must be an authorized signer on the account listed in Section 3).

Name

Last First

Address

City  State  Zip

E-mail

If you provide an e-mail address, some correspondence received from St. Dominic Catholic School may come via e-mail

3. **PAYMENT METHOD** (Checking accounts only)

A. Automatic Bank Payments

Checking

Bank Name

Routing Number  Non-business accounts only. Please verify with your financial institution that the account allows for automatic payments.

Account Number

**Staple Voided Check Here (Must Match Section 3) OR**

CHECKING INFORMATION SAME AS ON FILE (Please fill out and sign, no voided check required)

CHECKING ACCOUNTS: ATTACH A VOIDED CHECK NO DEPOSIT SLIPS PLEASE

4. **Bi-WEEKLY PAYMENT SCHEDULE:**

09/08/2017	11/17/2017	01/26/2018	04/06/2018
09/22/2017	12/01/2017	02/09/2018	04/20/2018
10/06/2017	12/15/2017	02/23/2018	05/04/2018
10/20/2017	12/29/2017	03/09/2018	05/18/2018
11/03/2017	01/12/2018	03/23/2018	06/01/2018

\*\*ANY changes in the preauthorization payment date or amount will require written notice by you or your authorized representative to St. Dominic Catholic School Financial Office at least ten (10) days in advance of the next scheduled payment.

5. **AUTHORIZATION**

By Signing this Agreement, I hereby agree to be the Responsible Party indicated in Section 2 above. I hereby accept, and agree to be bound by the terms and conditions contained in this St. Dominic Catholic School Automatic Tuition Agreement and authorize St. Dominic to initiate debit entries to the account listed, or any subsequent account provided, and to debit the same to such account.

(X) \_\_\_\_\_ / / \_\_\_\_\_  
Signature required by person who is an authorized signer on the account listed in Section 3. Name must match name in Section 2. Date

\_\_\_\_\_  
Please print name of person who signed above

**ADDITIONAL AUTHORIZED PARTY**

The Responsible Party names the person listed below as an Additional Authorized Party, who may inquire about all account information and make changes to the account on behalf of the Responsible Party. The Responsible Party agrees that the Additional Authorized Party may take any action with reference to the account as could be taken by the Responsible Party, except changing the name of the Additional Authorized Party. The Responsible Party agrees to be bound by any actions taken by the Additional Authorized Party pursuant to the authority hereby granted.

When requesting information, St. Dominic Catholic School will verify the Additional Authorized Party's identification by asking for his/her name and identification.

**IMPORTANT FEE INFORMATION**

**Enrollment Fees**  
The Enrollment Fee for monthly payment is \$10. An applicable Enrollment Fee will be assessed for each re-enrollment or renewal contract period.

**Returned Payment Fees**  
A \$25 Returned Payment Fee will be automatically deducted from the account identified in Section 3 for each returned payment.

If you would like a copy of this agreement, please call the school office at 661-5226 or email at [preed@stdominicmobile.org](mailto:preed@stdominicmobile.org)