

**ST. PATRICK SCHOOL – 2017-2018
ELECTRONIC DEBIT FOR TUITION/SERVICE HOURS/SCRIP/OTHER**

Child's Last Name:	First Name:	Grade:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Tuition Per	1 Child	2 Children	3 Children
Annually	\$5125.00	\$9480.00	\$13473.00
Monthly (10)	\$ 512.50	\$ 948.00	\$ 1347.30
Monthly (12)	\$ 427.08	\$ 790.00	\$ 1122.75

I hereby authorize St. Patrick's School to direct debit my account for the following fees for my above child/ren. My authorization will remain in effect until revoked in writing to St. Patrick School.

Monthly Tuition Fee: _____

Service Hr. Buyout: _____ (\$122.50, 10 mo./\$102.08, 12 mo.)

Scrip Buyout: _____ (\$21.00 for one child; \$23.50 for 2 or more children /10 mo.)
(\$17.50 for one child; \$19.58 for 2 or more children / 12 mo.)

Circle of Mercy Family/
Memory Tile: _____ (\$25.00 per mo., 10 mo., Aug. – May)

Annual Fund Gift _____ per mo. for _____ mo.

Total Payment: _____ Initial: _____

PLEASE ATTACH VOIDED CHECK

CIRCLE ONE DEBIT CHOICE

10 Payment Plan
20th of the Month
(Aug-May-10 mo.)

12 Payment Plan (**Gr. K-7 ONLY**)
20th of the Month
(June-May -12mo.)

CUSTOMER SIGNATURE

Date

Phone #: _____