



MCL Tuition Payment Authorization Form

School Year: _____

PRIMARY INFORMATION

Student Name 1:	Grade:	Student Name 2:	Grade:	Student Name 3:	Grade:
Student Name 4:	Grade:	Student Name 5:	Grade:	Student Name 6:	Grade:
Parent/Guardian Last Name:			Parent/Guardian First Name:		
Primary Address:					
City:		State:		Zip Code:	
Email:				Phone:	

STEP 1: SELECT A TUITION PAYMENT PLAN (Indicate your preferred payment plan)

FULL PAYMENT: One payment of \$ _____ on date ____ / ____ / ____
* Cash/Check or Debit/Credit

HALF PAYMENT PLAN: 1st payment of \$ _____ on date ____ / ____ / ____
* Cash/Check or Debit/Credit
2nd payment of \$ _____ on date ____ / ____ / ____

MONTHLY PAYMENT PLAN: 10 Monthly payments of \$ _____ due on the 10th of each month
* Debit/Credit or ACH
10 Monthly payments of \$ _____ due on the 20th of each month OR

SPLIT MONTHLY PAYMENT PLAN: 1/2 Due on the 10th of each month in the amount of \$ _____
* Debit/Credit or ACH
1/2 Due on the 20th of each month in the amount of \$ _____

STEP 2: SELECT A TUITION PAYMENT METHOD (Indicate your preferred method of payment)

CASH / CHECK

This payment method applies to Full Yearly Tuition and Half Payment Plans only. I agree to make payment to my MCL account in the following manner:

CASH – In person, in the school office. Receipt provided.

PERSONAL CHECK – Made payable to Mt. Calvary Lutheran School. Presented in person at the school office. Receipt provided. Returned checks will receive a \$30 service fee.

CASHIER'S/BANK CHECK – Made payable to Mt. Calvary Lutheran School. Presented in person at the school office. Receipt provided.

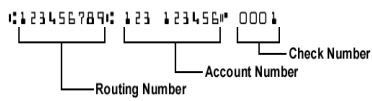
Authorized Signature: _____ Date: _____

CHECKING / SAVINGS ACH

Please debit payment from my (select one):

CHECKING ACCOUNT (provide a voided check) Routing Number: _____

SAVINGS ACCOUNT (contact your financial institution for routing number) Account Number: _____



I authorize MCL to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

CREDIT / DEBIT CARD

A 2.75% convenience fee will be added to all credit/debit card transactions over \$100.

Visa MasterCard American Express Discover Expiration Date: _____ CVC#: _____

Card Number: _____

Name on Card: _____ Billing Address (if different from above): _____

I authorize MCL to process transactions in accordance with the information above.

Authorized Signature: _____ Date: _____