



MCL PRESCHOOL

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)

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

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	<p>I agree to make payment to my MCL account in the following manner:</p> <p><input type="checkbox"/> CASH – In person, in the Preschool OR School office. (Printed receipt provided in SCHOOL office)</p> <p><input type="checkbox"/> PERSONAL CHECK – Made payable to Mt. Calvary Lutheran School. Presented in person at the preschool or school office. (Printed receipt provided in SCHOOL office only. Returned checks will receive a \$30 service fee.)</p> <p><input type="checkbox"/> CASHIER'S/BANK CHECK – Made payable to Mt. Calvary Lutheran School. Presented in person at the school office. (Printed receipt provided in SCHOOL office only)</p>
	<p>Authorized Signature: _____ Date: _____</p>

CHECKING / SAVINGS ACH	<p>Please debit payment from my (select one):</p> <p><input type="checkbox"/> CHECKING ACCOUNT (provide a voided check) Routing Number: _____</p> <p><input type="checkbox"/> SAVINGS ACCOUNT (contact your financial institution for routing number) Account Number: _____</p> <div style="text-align: right; margin-top: 10px;"> </div>
	<p>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.</p> <p>Authorized Signature: _____ Date: _____</p>

CREDIT / DEBIT CARD	<p>A 2.75% convenience fee will be added to all credit/debit card transactions over \$100.</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Expiration Date: _____ CVC#: _____</p>	
	<p>Card Number: _____</p>	
	<p>Name on Card: _____</p>	<p>Billing Address (if different from above): _____</p>
<p>I authorize MCL to process transactions in accordance with the information above.</p> <p>Authorized Signature: _____ Date: _____</p>		