



# MCL Tuition Payment Authorization Form

School Year: \_\_\_\_\_

## PRIMARY INFORMATION

Student Name 1:	Grade:	Student Name 2:	Grade:	Student Name 3:	Grade:
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Student Name 4:	Grade:	Student Name 5:	Grade:	Student Name 6:	Grade:
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Parent/Guardian Last Name:	Parent/Guardian First Name:
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Primary Address: \_\_\_\_\_

City:	State:	Zip Code:
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Email:	Phone:
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## 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:** 1<sup>st</sup> payment of \$ \_\_\_\_\_ on date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 2<sup>nd</sup> payment of \$ \_\_\_\_\_ on date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*\* Cash/Check or Debit/Credit*

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

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

## 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.

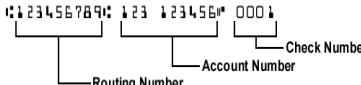
**CASHIER'S/BANK CHECK** – Made payable to Mt. Calvary Lutheran School. Presented in person at the school office. Receipt provided.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKING / SAVINGS ACH** Please debit payment from my (select one):

**CHECKING ACCOUNT** (provide a voided check) Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**SAVINGS ACCOUNT** (contact your financial institution for routing number)


  
Routing Number      Account Number      Check 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):
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I authorize MCL to process transactions in accordance with the information above.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_