



MT. CALVARY LUTHERAN SCHOOL

VALID TILL 12/31/2023

Tuition Payment Authorization Form

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 TIME PAYMENT OF \$ _____ BY **JULY 10TH.**
*Cash, Debit/Credit or ACH

HALF PAYMENT PLAN: 1st payment of \$ _____ by **July 10th.**
2nd payment of \$ _____ by **January 10th.**
*Cash, Debit/Credit or ACH

MONTHLY PAYMENT PLAN: 10 payments of \$ _____ by the **10th** of each month July-May, except February.
OR
10 payments of \$ _____ by the **10th** of each month July-May, except February.
*Debit/Credit or ACH

SPLIT MONTHLY PAYMENT PLAN: Monthly tuition rate ½ due on the **10th** of each month in the amount of \$ _____
Monthly tuition rate ½ due on the **20th** of each month in the amount of \$ _____
*Debit/Credit or ACH

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

BANK ACCOUNT

Please debit payment from my (select one):

CHECKING ACCOUNT (provide a voided check)

SAVINGS ACCOUNT (contact your financial institution for routing number)

Routing Number: _____
Account Number: _____

⑆ 23456789⑆ 123 1234567 000⑆
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:** _____

CARD PAYMENT

A 3.00% 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:** _____

Check payments made out to "Mt. Calvary Lutheran" must be received at the end of each month for current month's usage. Balances unpaid over 2 months will be required to switch to automatic debit from Bank Account/Card.