



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.**
*Cash, Debit/Credit or ACH
2nd payment of \$ _____ by **January 10th.**

MONTHLY PAYMENT PLAN: 10 payments of \$ _____ by the **10th** of each month July-May, except February.
*Debit/Credit or ACH
OR
10 payments of \$ _____ by the **20th** of each month July-May, except February.

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

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

BANK ACCOUNT	Please debit payment from my (select one):		Routing Number: _____
	<input type="checkbox"/> CHECKING ACCOUNT (provide a voided check)		Account Number: _____
	<input type="checkbox"/> SAVINGS ACCOUNT (contact your financial institution for routing 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	<u>A 3.00% convenience fee will be added to all credit/debit card transactions over \$100.</u>		
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Expiration Date: _____
	Card Number: _____		CVC#: _____
	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.