



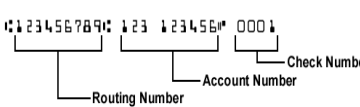
MT. CALVARY LUTHERAN SCHOOL

ECC Tuition Payment Authorization Form

2023-2024

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)	
<input type="checkbox"/> FULL PAYMENT:	ONE TIME PAYMENT OF \$ _____ BY JULY 10TH. <small>*Debit/Credit or ACH</small>
<input type="checkbox"/> HALF PAYMENT PLAN:	1st payment of \$ _____ by July 10th. 2nd payment of \$ _____ by January 10th. <small>*Debit/Credit or ACH</small>
<input type="checkbox"/> MONTHLY PAYMENT PLAN:	10 payments of \$ _____ by the 10th of each month July-May, except February. OR 10 payments of \$ _____ by the 20th of each month July-May, except February. <small>*Debit/Credit or ACH</small>
<input type="checkbox"/> 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 \$ _____ <small>*Debit/Credit or ACH</small>

STEP 2: SELECT A TUITION PAYMENT METHOD (Indicate your preferred method of payment)	
B A N K A C C O U N T	<p>Please debit payment from my (select one):</p> <p><input type="checkbox"/> CHECKING ACCOUNT (provide a voided check)</p> <p><input type="checkbox"/> SAVINGS ACCOUNT (contact your financial institution for routing number)</p> <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>
	<p>Routing Number: _____</p> <p>Account Number: _____</p> <div style="text-align: center; margin-top: 10px;">  <p>Routing Number Account Number Check Number</p> </div>

C A R D P A Y M E N T	<p style="text-align: center; color: red;"><u>A 3.00% convenience fee will be added to all credit/debit card transactions over \$100.</u></p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p>Card Number: _____ Expiration Date: _____ CVC#: _____</p> <p>Name on Card: _____ 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>
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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.