MT. CALVARY LUTHERAN SCHOOL

2024-2025

School Age Care Tuition 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 Nam	e:	
Primary Address:					
City:		State:		Zip Code:	
Email:			Phone:		
STEP 1: SELECT A TUITION PAYMENT PLAN (Indicate your preferred payment plan)					
*Debit/0	Credit or ACH 1 LIT MONTHLY PAYMENT PLAN:	by the 10th of each month July-May, except February. property payments of \$ by the 20th of each month July-May, except February. Sometimes of \$ by the 20th of each month July-May, except February. Sometimes of \$ by 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 CHECKING ACCOUNT (pro SAVINGS ACCOUNT (cont institution for routing number) I authorize MCL to process debit entries to my a I understand that this authority will remain in eff	ovide a voided che act your financial r)	eck) Account Number:	55.789: 123 123456 OOO 1 Check Account Number	Number
CARDPAYERT	A 3.00% convenience feet □ Visa □ MasterCard □ American Expres Card Number: Name on Card: I authorize MCL to process transactions in accord	on Date: CVC#:	<u>r \$100</u> .		
	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.