

SAINT ANNE CATHOLIC SCHOOL

1131 NE 10TH STREET, GRANTS PASS, OR 97526
(541) 479-1582 / FAX: 956-4028
SAINTANNECATHOLICSCHOOL.ORG

Electronic Funds Transfer – Enrollment Form for the 2010-2011 School Year

Enrollment within the Electronic funds Transfer (EFT) program is an available option for any family wishing to have their school payments automatically deducted from their checking account. Such deductions can be set up on a monthly or semi-monthly basis. Enrollment within the EFT program will become required if a traditional payment cycle is missed without any “extenuating circumstances” being communicated to the principal. EFT payments will be automatically deducted on the 10th and/or 25th of each month.

In the event that an account is turned over to collection because of non-payment, St. Anne Catholic School reserves the right to add all collection fees, interest, court costs and/or legal fees to the tuition balance. In the event the student withdraws from school, all balances owed to the school will then be due immediately. If there has been an overpayment, the amount of the overpayment will be refunded to the parent(s)/guardian(s) named below.

<u>PARENT / GUARDIAN INFORMATION</u>			
_____ Father's Name		_____ Mother's Name	
_____ Address	_____ City	_____ State	_____ Zip
_____ Home Phone	_____ Father's Work Phone	_____ Mother's Work Phone	_____ Email

STUDENT INFORMATION

<u>Students Name</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____
_____	_____

PAYMENT DISBURSEMENT

10 MONTH	<input type="checkbox"/>
12 MONTH	<input type="checkbox"/>

(Must start July prior to school year starting)

<u>PAYMENT INFORMATION</u>	
Tuition payments must be auto-deducted from a checking or savings bank account.	
Date wish to have Automatic payment deducted: _____	Payment Amount: \$ _____
Account Information:	
Auto-deduct from my account:	Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/>
I authorize St. Anne Catholic School to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization. I understand there will be a \$20.00 fee automatically charged to my account for any insufficient funds (NSF) transactions.	
Authorized Signature on Account _____	Date: _____