



FAMILY NAME: _____ **EMAIL ADDRESS:** _____

There are two payment plans available. Please choose one.

_____ **Plan 1:** Payment of full tuition directly to the school by **July 19, 2019.**

_____ **Plan 2:** Automatic Draft Plan- ten monthly payments due on the **25th** of the month (beginning in July) **or** on the **1st** of the month (beginning in August).

Tuition	Parishioner		Non-Parishioner	
	Monthly	Full Payment	Monthly	Full Payment
One Student	\$ 485.00	4,850.00	\$ 618.00	6,180.00
Two Students	\$ 830.00	8,300.00	\$ 1,078.00	10,780.00
Three or more Students	\$ 1,022.00	10,220.00	\$ 1,538.00	15,380.00

K4 Tuition	Parishioner		Non-Parishioner	
	Monthly	Full Payment	Monthly	Full Payment
K4 Student – full day without lunch	\$ 558.00	5,580.00	\$ 600.00	6,000.00
K4 Student – full day with lunch	\$ 578.00	5,780.00	\$ 620.00	6,200.00
K4 Student – ½ day, M-F without lunch	\$ 340.00	3,400.00	\$ 400.00	4,000.00
K4 Student – ½ day, M-F with lunch	\$ 360.00	3,600.00	\$ 420.00	4,200.00
K4 Student – ½ day, MWF without lunch	\$ 210.00	2,100.00	\$ 240.00	2,400.00
K4 Student – ½ day, MWF with lunch	\$ 230.00	2,300.00	\$ 260.00	2,600.00

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

Tuition

Diocese of Birmingham in Alabama
D/B/A St. John the Baptist Catholic School
2019-2020

I (we) hereby authorize St. John the Baptist Catholic School to initiate debit entries to my (our) _____ Checking _____ Savings account (**select one**) indicated below and the depository named below to debit the account for \$ _____ (**amount**) on a monthly basis. The debit will be made on the ___ 25th of the previous month beginning July 2019 or the ___ 1st (**select one**) of each month beginning in August 2019 for ten (10) consecutive months.

If you wish to use the same bank account we have on file, please check this box and sign the draft form.

BANK _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING NUMBER _____

ACCOUNT NUMBER _____

(Please attach a voided check for verification)

This authority is to remain in full force and effect until St. John the Baptist Catholic School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. John the Baptist Catholic School a reasonable opportunity to act on it.

DATE _____

NAME(S) OF STUDENT(S) _____

PARENT NAME(S) _____

SIGNATURE OF ACCOUNT OWNER _____

SPOUSE SIGNATURE (if necessary) _____



FAMILY NAME: _____ **EMAIL ADDRESS:** _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

Lunch

Diocese of Birmingham in Alabama
D/B/A St. John the Baptist Catholic School
2019-2020

I (we) hereby authorize St. John the Baptist Catholic School to initiate debit entries to my (our) _____ Checking _____ Savings account (**select one**) indicated below and the depository named below to debit the account this designated monthly amount for the Lunch program, \$ _____ (**amount**). The debit will be made on the **10th** of each month beginning August 2019 for ten (10) consecutive months.

If you wish to use the same bank account we have on file, please check this box and sign the draft form.

BANK _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING NUMBER _____

ACCOUNT NUMBER _____

(Please attach a voided check for verification)

This authority is to remain in full force and effect until St. John the Baptist Catholic School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. John the Baptist Catholic School a reasonable opportunity to act on it.

DATE _____

NAME(S) OF STUDENT(S) _____

PARENT NAME(S) _____

SIGNATURE OF ACCOUNT OWNER _____

SPOUSE SIGNATURE (if necessary) _____



FAMILY NAME: _____ **EMAIL ADDRESS:** _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

Before and After School Care

Diocese of Birmingham in Alabama
D/B/A St. John the Baptist Catholic School
2019-2020

I (we) hereby authorize St. John the Baptist Catholic School to initiate debit entries to my (our) _____ Checking _____ Savings account (**select one**) indicated below and the depository named below to debit the account for the invoiced amount for Before and After School Care programs. The BASC amount will vary every month. The debit will be made on the **10th** of each month beginning September 2019 for charges incurred the previous month.

If you wish to use the same bank account we have on file, please check this box and sign the draft form.

BANK _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING NUMBER _____

ACCOUNT NUMBER _____

(Please attach a voided check for verification)

This authority is to remain in full force and effect until St. John the Baptist Catholic School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. John the Baptist Catholic School a reasonable opportunity to act on it.

DATE _____

NAME(S) OF STUDENT(S) _____

PARENT NAME(S) _____

SIGNATURE OF ACCOUNT OWNER _____

SPOUSE SIGNATURE (if necessary) _____