SAS EXTENDED CARE

Financial Responsibility & Payment Option

2020-2021

Name (First and Last) | **Grade for 2020-2021**

Please list all children attending SAS Extended Care

_____ _____

_____ _____

_____ _____

Financial Responsibility: *Indicate relationship to student* | Financial Responsibility

Parent or Guardian: _____ _____ %

Parent or Guardian: _____ _____ %

100 %

Extended Care Payment Options: (Please check one)

Note: Options 1-3 may be paid by check

☐ **Option #1** **Payment in Full**

Due Date: 8/15/20 Total due for 10 months _____

☐ **Option #2** **Semi-Annual Payments**

Due Date: 8/15/20 Total due for 5 months _____

Due Date: 1/15/21 Total due for 5 months _____

☐ **Option #3** **Quarterly Payments**

Due Date: 8/15/20 Total due _____

Due Date: 10/15/20 Total due _____

Due Date: 1/15/21 Total due _____

Due Date: 3/16/21 Total due _____

ACH

☐ **Option #4** **Monthly Payments**

Draft Date: 15th Monthly draft amount _____

[15th of each month - Starting August 2020]

☐ I have attached a VOIDED CHECK with bank routing number and account number to draft.

_____ _____

SIGNATURE DATE

I hereby authorize St. Alphonsus School to initiate debit and/or credit entries, and adjustments for any entries in error to my account at the depository financial institution named above. CANCELLATION. The agreement represented by this authorization remains in effect until cancelled by the payee by ***written notice to by St. Alphonsus SchoolFinance department*** or by death or legal incapacity of the recipient. Upon cancellation by the payee, the payee should notify the receiving financial institution that he/she is doing so.

Office Use Only

☐ Application Fee Rec'd Date: _____ Amount:

☐ Invoice Customer Date: _____ Check No.:

☐ ACH on Bank profile Date: _____