



SAS EXTENDED CARE

Financial Responsibility & Payment Option

FACTS Tuition Management

2021-2022

Name (First and Last)

Grade for 2021-2022

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:

Payment in Full

Circle One Date for Draft

FACTS Draft: Aug. 2021 1st 5th 10th 15th Total due for 10 months _____

Semi-Annual Payments

FACTS Draft: Aug. 2021 1st 5th 10th 15th Total due for 5 months _____

FACTS Draft: Jan. 2022 1st 5th 10th 15th Total due for 5 months _____

Quarterly Payments

FACTS Draft: Aug. 2021 1st 5th 10th 15th Total due _____

FACTS Draft: Oct. 2021 1st 5th 10th 15th Total due _____

FACTS Draft: Jan. 2022 1st 5th 10th 15th Total due _____

FACTS Draft: Mar. 2022 1st 5th 10th 15th Total due _____

Monthly Payments

FACTS Draft: Aug. 2021 1st 5th 10th 15th Monthly draft amount _____

[Monthly drafts will begin August 2021]

SIGNATURE

DATE

I hereby authorize St. Alphonsus Catholic School (SAS) to invoice my **FACTS Tuition Management account** for **Extended Care** provided for student(s) listed above. I also authorize SAS to record any adjustments needed to correct errors made to my FACTS account. This agreement represented by my authorization remains in effect until I cancel it by **written notice to St. Alphonsus Catholic School Finance department** or my death or legal incapacity. If the cancellation notice is not received prior to the draft made by **FACTS Tuition Management**, a refund or credit will be processed once the draft clears my bank account.

Office Use Only

Application Fee Rec'd

Date: _____

Amount: _____

Invoice Customer

Date: _____

Check No.: _____

ACH on Bank profile

Date: _____