



SAS EXTENDED CARE

Financial Responsibility & Payment Option

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: (Please check one)

Note: Options 1-3 may be paid by check

Option #1 Payment in Full

Due Date: 8/15/21 Total due for 10 months _____

Option #2 Semi-Annual Payments

Due Date: 8/15/21 Total due for 5 months _____

Due Date: 1/15/22 Total due for 5 months _____

Option #3 Quarterly Payments

Due Date: 8/15/21 Total due _____

Due Date: 10/15/21 Total due _____

Due Date: 1/15/22 Total due _____

Due Date: 3/16/22 Total due _____

ACH **Option #4 Monthly Payments**

Draft Date: 15th Monthly draft amount _____

[15th of each month - Starting August 2021]

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

SIGNATURE

DATE

I hereby authorize St. Alphonus 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. Alphonus School Finance 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.: _____

Update Bank profile Date: _____