

St. Alphonsus Catholic School

Reading Lab (Reading Resource) Program

Payment Option Form 2019-2020

Student Name

**Grade for
2019-2020**

Financial Responsibility:

Parent(Guardian): _____
Parent(Guardian): _____

Financial Responsibility

100%

Reading Resource Payment Options: (Please check one option)

Option #1 Payment in Full
Due: 9/25/19 \$ **990.00**

ACH **Option #2 Semi-Annual Payments**
Draft Date: 9/25/19 \$ **495.00** *1/2 Reading Resource Tuition*
Draft Date: 1/25/20 \$ **495.00** *1/2 Reading Resource Tuition*

ACH **Option #3 Monthly Payments**
Draft Date: 9/25/19 \$ **110.00** **(9 Months)*
*Drafted on the 25th of each month (Sep 2019 - May 2020)

I have attached a VOIDED CHECK.



SIGNATURE

DATE

I hereby authorize St. Alphonsus Catholic 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. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. Alphonsus Catholic School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. **In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), I understand that St. Alphonsus Catholic School may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge by the School for each returned NSF which will be initiated as a separate transaction from the authorized recurring payment.** I certify that I am an authorized user of this bank account and will not dispute the scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

OFFICE USE ONLY

Received: _____

Finance: _____

Notes: _____