



**HOLY TRINITY**  
**CATHOLIC SCHOOL**  
A ministry of Holy Trinity and St. Stephen Parishes

Family Last Name(s): \_\_\_\_\_

**2020-2021 Tuition Payments Form**

**Please return this form with your registration forms**

Please indicate your preference for your tuition payments for the 2020-2021 school year. Return this form to the School Office via paper copy or scan and email the form to: [kbreakfield@htcs.org](mailto:kbreakfield@htcs.org)

All families must SIGN and return this payment plan agreement, even if you are repeating the same method from the previous school year.

Parent Name(s): \_\_\_\_\_

K-8 Student Name(s): \_\_\_\_\_

Pre-K Student Name(s): \_\_\_\_\_ circle: Full Time / Part-Time (5 days) / Part-Time (3 days)

\_\_\_\_\_ circle: Full Time / Part-Time (5 days) / Part-Time (3 days)

**Payment Schedule (select one)**

12-months – first payment in June, last payment in May

Payment on:  1<sup>st</sup> of Month or  10<sup>th</sup> of Month or  20<sup>th</sup> of Month

10-months – first payment in August, last payment in May

Payment on:  1<sup>st</sup> of Month or  10<sup>th</sup> of Month or  20<sup>th</sup> of Month

Four quarterly payments – due on August 1, November 1, February 1, May 1 (by check or credit card)

Two payments – due on August 1 and January 1 (by check or credit card)

One payment – due on August 1 (by check or credit card)

**Payment Amount per Installment:** \_\_\_\_\_ (see tuition and fee schedule attached to calculate)

**Payment Method (select one)**

**EFT** – automatic Electronic Funds Transfer from your checking account

\*Please note: There are **NO TRANSACTION FEES** on EFT payments.

I have filled out the attached EFT authorization form

**Check** – turned into to school or church office on selected schedule

**Credit Card:**  Call office to pay on schedule  I have completed the attached Credit Card authorization form

\*Please note: **Additional transaction fees will be applied to credit card payments.**

3.8% fee on VISA, MC, DISC, 4.25% on AMEX

\*Fees subject to change throughout the year\*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Questions?** Contact the Parish Business Office at 618.628.8825 or email:

Bob Wojcik – [bwojcik@holytrinityil.org](mailto:bwojcik@holytrinityil.org) or Yvonne Siebert – [ysiebert@holytrinityil.org](mailto:ysiebert@holytrinityil.org)



Family Last Name(s): \_\_\_\_\_

**Electronic Funds Transfer Authorization Agreement - 2020-2021**

I (we) hereby authorize Holy Trinity Catholic School, hereinafter called HTCS, to initiate debit entries and to initiate, if necessary, adjustments for any transactions credited/debited in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account. This authority will remain in effect until the total tuition and fee amount is paid in full to HTCS, or until I give written notification to terminate this authorization. Written notification must be received and acknowledged 30 days prior to termination.

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Financial Information:**

Financial Institution Name: \_\_\_\_\_  Bank  Credit Union

Financial Institution Branch Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking Account  Savings Account

**Payment Schedule (select one)**

12-months – first payment in **June**, last payment in May

10-months – first payment in **August**, last payment in May

**Payment Date:**  1<sup>st</sup> of Month or  10<sup>th</sup> of Month or  20<sup>th</sup> of Month

**Payment Amount per Installment:** \_\_\_\_\_ (see attached tuition & fee schedule)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check one of the following boxes:**

My checking account information is the same as last year. Please continue using that information.

My information has changed OR this is our first time registering for ETF—our check is attached below:

Please attach your **VOIDED CHECK**.  
Please do not staple.  
Paperclip to the top or use scotch tape here.  
Thank you.

Family Last Name(s): \_\_\_\_\_



**Credit Card Authorization Form – 2020-2021**

Please complete all fields.  
You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

**\*Please note: *Additional transaction fees will be applied to credit card payments.***

3.8% fee on VISA, MC, DISC, 4.25% on AMEX

*\*Fees subject to change throughout the year\**

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Cardholder ZIP Code (from credit card billing address):

I, \_\_\_\_\_, authorize Holy Trinity Catholic School to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date