



4220 Ripa Ave  
Saint Louis MO 63125  
(314) 743-8641

# Tuition Authorization 2019-2020

Due Date: **March 22, 2019**



Name (on account) \_\_\_\_\_ Phone \_\_\_\_\_

Student(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

**(PLEASE ATTACH A VOIDED CHECK TO THIS FORM)**

Type of account \_\_\_\_\_ checking \_\_\_\_\_ savings

Account Number \_\_\_\_\_

Please select payment type and circle payment amount below:

\_\_\_\_\_ **Single payment due July 15, 2019**

One child = \$5,698    Two children = \$7978    Three+ children = \$8,458  
*Single tuition amounts show a savings of \$50.00 when paying in one lump sum.*

\_\_\_\_\_ **Two payment plan due July 15, 2019 and December 15, 2019** each payment equals:

One child = \$2874    Two children = \$4,014    Three+ children = \$4,254

\_\_\_\_\_ Monthly payment\* plan taken out the 3<sup>rd</sup> of each month beginning July 2019 through June 2020

\_\_\_\_\_ Monthly payment\* plan taken out the 17<sup>th</sup> of each month beginning July 2019 through June 2020

\_\_\_\_\_ Monthly check\* written to school. **PLEASE NOTE – PAYMENT MUST BE TO SCHOOL OR PARISH OFFICE BY THE 3<sup>RD</sup> OF EVERY MONTH OR AMOUNT WILL BE AUTOMATICALLY WITHDRAWN ON THE 17<sup>TH</sup>.**

(The options given above are the ONLY options. Do not contact St. Mark for another option plan.)

I (we) hereby authorize St. Mark School to initiate debits as specified above, for payment of my child's tuition and for the financial institution specified to pay the amount from my checking or savings account. I understand that both St. Mark and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in writing. I (we) acknowledge that the origination of ACH (automated clearing house) transactions to my (our) account must comply with the provision of U.S. law. Any returned payments will be assessed a \$15 fee. No reminders will be sent out. Consider this form your bill.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\*For those receiving scholarships please fill out the worksheet on the back of this form.

<b>Tuition Payment Calculation</b>	
<b>A. Starting tuition for family size</b>	=
<b>B. Scholarships Awarded</b>	
<b>Alive in Christ</b>	=
<b>Catholic Family Tuition Assistance</b>	=
<b>Help A Student (IHM)</b>	=
<b>Other:_____</b>	=
<b>Total Financial Assistance</b>	=
<b>Monthly tuition should be based on this total (A-B)</b>	=

PLEASE RETURN THIS COPY OF THE FORM WITH YOUR REGISTRATION PAPERS. (A copy will be returned to you initialed by St. Mark's bookkeeper.) Dual custody/separated parents may use separate copies of this form.

**\*monthly payment amounts equal ~ one child \$479.00, two children \$669.00, three+ children \$709.00**