

# Saint Ambrose School ACH Tuition Agreement 2018/2019

3=5th  
 3=20th  
 10=5th  
 10=20th  
 1=1st

This document authorizes St. Ambrose School, Brunswick, Ohio to initiate debit/credit/adjustment entries as necessary from/to my account Checking \_\_\_\_\_ or Savings \_\_\_\_\_ as indicated to the financial institution named below for the purpose of tuition payment.

Please use my financial institution information that is on file with the Saint Ambrose Parish Business Office. ***By checking this box, completing and signing both sides of this form, a voided check is not required.***

Please Print	Personal Information
<b>Last Name, First Name</b>	
<b>Signature</b>	
<b>Address</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>E-mail Address</b>	
<b>Student Names</b>	

	Financial Institution Information
<b>Bank Name</b>	
<b>Address</b>	

<b>Bank Routing #</b>	
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<b>Account Number</b>	
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<b>For School Use:</b>
Date Verified: _____ By: _____

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**Family Last Name:**

**TOTAL TUITION DUE:**

*Technology, Student Service and/or Capital Improvement Fees that are not paid by May 30, 2018 will be added to the tuition balance.*

Select One	Terms	Payment Amount	Total Tuition Amount
<input type="checkbox"/>	<b>10 Equal Payments debited the 1<sup>st</sup> of each month</b> July 2018 thru April 2019		
<input type="checkbox"/>	<b>10 Equal Payments debited the 20<sup>th</sup> of each month</b> July 2018 thru April 2019		
<input type="checkbox"/>	<b>3 Equal Payments debited the 1<sup>st</sup> of month</b> July 1, 2018; October 1, 2018; and February 1, 2019		
<input type="checkbox"/>	<b>3 Equal Payments debited the 20<sup>th</sup> of month</b> July 20, 2018; October 20, 2018; & February 20, 2019		

*You may only use this payment option one time in a school year. If the ACH Tuition program is stopped for any reason, you will be required to sign up for the FACTS tuition program or make payment in full to the school by the first of the month following termination of the ACH Tuition program.*

**REQUIRED:** *Both sides of this form must be completed and signed.* Please attach to this form a **VOIDED** check (deposit ticket is not acceptable) if selecting a Checking Debit. When selecting a Savings Debit please attach a pre-printed savings deposit ticket.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_