



ACH Payment Agreement Form

Monthly Automatic Withdrawal Authorization

For those **NEW**
to the monthly
payment option.

Thank you for choosing the ACH monthly payment plan for your St. Mary Catholic Schools (SMCS) tuition! Please fill out this form completely and legibly. You may authorize 1 or 2 monthly payments to be made directly from your checking or savings account. Your payments will be withdrawn on the 5th and/or 20th of each month or the Monday after, if the date falls on a weekend. Proof of payment will appear on your bank statement.

RESPONSIBLE PARTY

Parent/Guardian Name(s): _____

Address & City, State, Zip: _____

Phone: _____ Email: _____

BANK INFORMATION

Choose one: Checking or Savings Please attach a canceled check or deposit slip for corresponding account.

Name(s) on checking/savings account to be used: same as above or Other: _____

Bank Name: _____ City: _____ Phone: _____

Routing Number: _____ Account Number: _____
(first 9 numbers on bottom of your check)

PAYMENT TERMS Tuition is due in full by June 30 (the last month of the school year for which you will be making payments).

1. Withdrawal Date(s): 5th 20th Both 5th & 20th (If not selected, the 20th will be used)
2. Month of 1st Payment: _____
3. Count the number of months starting with the month of your 1st payment and ending as late as next June.
Number of Payments: _____
4. Tuition Balance Due: \$ _____ Your Tuition Account ID (found on statement): _____
5. Calculate your monthly payment. Divide your balance due by the number of payments (above). If this payment amount is not feasible, please enter the amount you can afford each month, as a good faith gesture of your commitment to pay your bill. The difference must be paid by cash or check as you can afford, and the total balance must be paid in full by June 30.

Monthly Payment: \$ _____ one-time each month

or for payments on both the 5th & 20th, divide this monthly payment in half: \$ _____ pay on 5th & on 20th

This Agreement will be ongoing and continue from school year to school year or until the Responsible Party terminates the Agreement. If there is a balance remaining after June 30, SMCS will continue to make withdrawals until the tuition balance is paid in full.

The Responsible Party has the right and the responsibility to contact SMCS with changes to their bank account information. Any and all insufficient fund (**NSF**) returns will be assessed a **\$25.00 NSF finance fee by SMCS** in addition to any fees the Responsible Party's financial institution may assess.

As the Responsible Party, I authorize SMCS and the financial institution named above to initiate withdrawals from my checking/savings account listed or any subsequent account provided. I can stop payment of any entry by notifying SMCS **at least 5 business days before** my account is to be charged.

I understand and agree that in the event I have a returned payment, the NSF payment and the NSF \$25.00 fee will either be due by check or cash or will be withdrawn from my checking/savings account within 5 business days.

Responsible Party Signature: _____ Date: _____

Return completed Agreement to: SMCS Business Office, 1050 Zephyr Drive, Neenah, WI 54956