St. John the Baptist DHS(SJB) - Automatic Tuition Payment Agreement

1 - Student Information

First Name - Student #1 | Last Name - Student #1 | Grade Stud. #1

First Name - Student #2 | Last Name - Student #2 | Stud. #2

First Name - Student #3 | Last Name - Student #3 | Stud. #3

Access Code

To protect your privacy, create your own Access Code up to 7 characters. You are required to verify your access code when calling SJB. If you do not create your own code, one will be randomly assigned.

2 - Responsible for Payment (MUST be an authorized signer on the account listed in Section 3)

First Name | Last Name

Street Address | Area Code - Primary Phone To Be Contacted During The Day

City | State | Zip Code | Primary Phone To Be Contacted During The Evening

E-mail address | DOB: | Social Security #:

Additional Authorized Party: The Responsible Party names the person listed below as an Additional Authorized Party, who may inquire about all account information and make changes to the account on behalf of the Responsible Party. The Responsible Party agrees that the Additional Authorized Party may take any action with reference to the account as could be taken by the Responsible Party, except changing the name of the Additional Authorized Party or Access Code. The responsible party agrees to be bound by any action taken by the Additional Authorized Party pursuant to the authority hereby granted.

First Name | Last Name

3 - Payment Method

Automated Bank Payments (ACH)

Please check one

☐ Checking Account(**MUST** attached a voided check) ☐ Savings Account Note: Please verify with your bank that the account listed allows automatic payments.

Bank Name | Routing Number | Account Number

4 - Payment Frequency

☐ Monthly ☐ Quarterly → Select one → ☐ 5th of the Month ☐ 20th of the Month

☐ Semi-Annual (July 20 & Dec 20) ☐ Annual(July 20)

5 - Payment Plan Fees

Monthly & Quarterly Plans: $55/Family, Semi-Annual $30/Family, Annual $0/Family. All payment plan fees are **NONREFUNDABLE** and will be automatically processed from the account within 14 days of this Agreement being posted to our system.

A **$40 returned payment fee** will be attempted automatically from the account provided for each returned payment.

6 - Authorization

(Signature required by the person who is an authorized signer on the account listed in Section3)

By signing this Agreement, I guarantee that I am an authorized signer on the account provided. I hereby agree to be the Responsible Party, whether or not named as the Responsible Party in Section 2 above. I hereby accept, and agree to be bound by, the terms and conditions contained within this Agreement. If applicable, I authorize St. John the Baptist DHS to initiate debit entries to the account provided, or any subsequent account, and to debit the same to such account. In the event that I am not the Responsible Party named in Section 2, then I shall be deemed to be the Responsible Party for all purposes under this Agreement and accept any Access Code or Additional Authorized Party on this Agreement.

Signature of the Person who is an authorized signer on the account listed in Section 3 _____

Please print name of person who signed _____ Date: _____