

2018-2019 Tuition Agreement

____ We have participated in the annual Parish Stewardship renewal process by completing the renewal card and returning it to the church or the school.

Tuition for the 2018-2019 school year is \$1,900 per student. We choose the following tuition payment plan:

****You must choose one.****

____ Annual – One payment due on or before August 15, 2018.

____ Biannual – First payment (1/2 of tuition) due on or before August 15, 2018;
second payment (1/2 of tuition) due on or before February 15, 2019.

____ Ten monthly payments (July-April) using EFT (electronic fund transfer) – all funds transferred on the third Friday of the month. Be sure to complete attached form.

Signature: _____

Printed Name: _____

Date: _____

Names of children attending St. Columbkille:

1. _____

2. _____

3. _____

4. _____

5. _____

For office use only: Date received: _____

Stewardship Card on file: ____ Yes ____ No

Tuition/Fees Current: ____ Yes ____ No

Service Hours Completed: ____ Yes ____ No

St. Columbkille Catholic School

224 E. 5th Street
Papillion, NE 68046

2018-2019 AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

Purpose of Authorization (check one):

New Authorization
(complete A, B, C & F)

Changes to existing authorization
(complete A, B, D & F)

Cancellation
(complete A & E)

A. Family Information

Printed Name: _____ SSN: _____

Address: _____ City: _____ Zip: _____

B. Banking/Financial Institution Information

Name of Bank/Financial Institution: _____

Address: _____ City: _____ Zip: _____

1st transfer will be made no sooner than July 15, 2018 with final transfer no later than Apr. 27, 2019.

Monthly amount to be debited for transfer (\$190.00 x _____ students) for a total of \$ _____ . _____

NEW FAMILIES: Remember to deduct \$250.00 if you paid a deposit.

Checking account number: _____

C. New Authorization Statement

I authorize St. Columbkille Parish to debit the above amount from the financial institution indicated above for withdrawal from my account. I understand I may terminate this agreement at any time by completing another authorization form and sending it to St. Columbkille School, allowing a reasonable time for St. Columbkille Parish to act upon my request for termination. I hereby authorize St. Columbkille Parish to initiate debit entries and initiate, if necessary, credit entries and adjustments for any debit entries in error to my account as indicated above and depository named above to debit and/or credit the same to such account. In the event that an item must be resubmitted, I further authorize St. Columbkille Parish to debit the above account in the amount of \$7.75 for each item which must be resubmitted.

Signature: _____ Date: _____

D. Change Authorization Statement

I authorize and request St. Columbkille Parish to make the changes indicated on this form for automatic withdrawals to my account.

Signature: _____ Date: _____

E. Cancellation Statement

I request that St. Columbkille Parish terminate my automatic withdrawal from my account. I will allow a reasonable time for St. Columbkille Parish to act upon my request to terminate this agreement.

Signature: _____ Date: _____

F. A voided check must be attached and returned with this form to St. Columbkille School at the above address.

PLEASE COMPLETE THE BACKSIDE OF THIS FORM