



FAMILY NAME: _____ **EMAIL ADDRESS:** _____

There are two payment plans available. Please choose one.

_____ **Plan 1:** Payment of full tuition directly to the school by **July 21, 2017**.

_____ **Plan 2:** Automatic Draft Plan- ten monthly payments due on the **25th** of the month (beginning in July) *or* on the **1st** of the month (beginning in August).

Tuition	Parishioner		Non-Parishioner	
	Monthly	Full Payment	Monthly	Full Payment
One Student	\$ 458.00	4,580.00	\$ 786.00	7,860.00
Two Students	\$ 786.00	7,860.00	\$ 1,246.00	12,460.00
Three or more Students	\$ 967.00	9,670.00	\$ 1,706.00	17,060.00

K4 Tuition	Parishioner		Non-Parishioner	
	Monthly	Full Payment	Monthly	Full Payment
K4 Student – full day without lunch	\$ 558.00	5,580.00	\$ 715.00	7,150.00
K4 Student – full day with lunch	\$ 578.00	5,780.00	\$ 735.00	7,350.00
K4 Student – ½ day without lunch	\$ 340.00	3,400.00	\$ 400.00	4,000.00
K4 Student – ½ day with lunch	\$ 360.00	3,600.00	\$ 420.00	4,200.00

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

Tuition

Diocese of Birmingham in Alabama
D/B/A St. John the Baptist Catholic School
2017-2018

I (we) hereby authorize St. John the Baptist Catholic School to initiate debit entries to my (our) _____ Checking _____ Savings account (**select one**) indicated below and the depository named below to debit the account for \$ _____ (**amount**) on a monthly basis. The debit will be made on the ___ 25th of the previous month beginning July 2017 or the ___ 1st (**select one**) of each month beginning in August 2017 for ten (10) consecutive months.

If you wish to use the same bank account we have on file, please check this box and sign the draft form.

BANK _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING NUMBER _____

ACCOUNT NUMBER _____

(Please attach a voided check for verification)

This authority is to remain in full force and effect until St. John the Baptist Catholic School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. John the Baptist Catholic School a reasonable opportunity to act on it.

DATE _____

NAME(S) OF STUDENT(S) _____

PARENT NAME(S) _____

SIGNATURE OF ACCOUNT OWNER _____

SPOUSE SIGNATURE (if necessary) _____