



Tuition 2022-2023

form to be returned by May 25, 2022 to acknowledge intent

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

Please **choose one** of the following payment plans:

_____ **Plan 1:** Full payment of tuition directly to the school by **July 22, 2022**

_____ **Plan 2:** Automatic Draft Plan- ten monthly payments as selected below

Tuition	Parishioner		Non-Catholic / Non-Parishioner	
	Monthly	Full Payment	Monthly	Full Payment
One Student	\$ 515.00	5,150.00	\$ 657.00	6,570.00
Two Students	\$ 881.00	8,810.00	\$ 1,126.00	11,260.00
Three or more Students	\$ 1,085.00	10,850.00	\$ 1,595.00	15,950.00

K4 Tuition	Parishioner		Non-Catholic / Non-Parishioner	
	Monthly	Full Payment	Monthly	Full Payment
K4 Student – full day without lunch	\$ 581.00	5,810.00	\$ 612.00	6,120.00
K4 Student – full day with lunch	\$ 621.00	6,210.00	\$ 652.00	6,520.00
K4 Student – ½ day, MWF without lunch	\$ 220.00	2,190.00	\$ 250.00	2,450.00
K4 Student – ½ day, MWF with lunch	\$ 260.00	2,590.00	\$ 290.00	2,850.00

I (we) hereby authorize St. John the Baptist Catholic School to initiate debit entries to my (our) account indicated below and the depository named below to debit the account for \$ _____ (amount) on a monthly basis. I understand this debit will occur for ten (10) consecutive months on
 (select one) _____ 25th of the previous (July 2022 - April 2023)
 _____ 1st of each month (August 2022 – May 2023)

The account to be used is a (select one) _____ Checking _____ Savings account

I would like to use the bank account currently on file ending _____ (last 4 of account number)

I do not have an account on file or would like to change it to the account listed below.
 I am enclosing a voided check for verification purposes:

BANK _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

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. My electronic communication will have the same authority as written communication.

****DATE** _____

****NAME(S) OF STUDENT(S)** _____

****PARENT NAME(S)** _____

****SIGNATURE OF ACCOUNT OWNER** _____

****SPOUSE SIGNATURE (if necessary)** _____

**Required information

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS
St John the Baptist Catholic Parish, Madison D/B/A St. John the Baptist Catholic School



Revised May 2022

Draft for Additional Account Charges

form to be returned by May 25, 2022 to acknowledge intent

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

- I do NOT wish to participate in a draft for additional charges and will send payments to the SJS Business Office as necessary to cover any additional expenses billed to my account. I acknowledge:
- Outstanding fees are due by the 10th of each month.
 - I have access to the FACTS family portal, and it is my responsibility to evaluate the outstanding balance on the account by the 5th of each month.
 - Lunch is considered to be a prepaid account. I will ensure sufficient funds are available by the 10th of each month to cover lunch charges for the following month.
- I would like to participate in the draft for additional account charges including the lunch account, Before and After School Care (BASC), and general charges billed through FACTS like band and chromebook fees which are determined by the school each year. I (we) hereby authorize St. John the Baptist Catholic School to initiate debit entries to my (our) account indicated and for the named depository to debit the account as specified. I understand and acknowledge:
- All additional fees charged to my account are in accordance with the parent/student handbook and are designated according to the family financial responsibility documentation provided to the school.
 - There may be additional fees required by the school that are not billed to the account or payable by draft. I am still responsible for these fees and will make other payment accordingly (field trips, dues, sports, registration).
 - The minimum amount drafted each month will be \$5, and drafts will occur in \$5 increments.
 - The monthly amount may fluctuate based on the value of the charges billed to my account.
 - The draft will be applied to all charges on my account, and any excess will remain as a credit on my account.
 - I would like to have the draft be sufficient to have a value on the lunch account after the draft of \$ _____
 - The maximum amount to be drafted each month will be \$ _____ without prior authorization.
 - I have access to the FACTS family portal, and it is my responsibility to evaluate the outstanding balance on the account by the 5th of each month if I wish to know ahead of time the amount that will be drafted on the 10th.
 - My banking information will be retained by the school to assist with my timely payment of charges.
 - It is my responsibility to update banking information in a timely manner and/or reimburse the school for fees charged by its bank for my failure to do so.
 - I am responsible for any fees incurred from a returned draft as well as the draft amount itself and that payment for a returned draft must occur in another form (cash or check).
 - Electronic or verbal communication with the Business Office is to be considered the same as my written consent.

The account to be used is a (select one) _____ Checking _____ Savings account

I would like to use the bank account currently on file ending _____ (last 4 of account number)

I do not have an account on file or would like to change it to the account listed below.
I am enclosing a voided check for verification purposes:

BANK _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

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 manner as to afford St. John the Baptist Catholic School a reasonable opportunity to act on it.

NAME(S) OF STUDENT(S) _____

PARENT NAME(S) _____

SIGNATURE OF ACCOUNT OWNER _____ **DATE** _____

SPOUSE SIGNATURE (if necessary) _____ **DATE** _____