

**St. Paul Lutheran Church and School Registration & Payment Agreement  
School Year 2019-2020**

Parent Name(s): \_\_\_\_\_ Date: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Father SSN: \_\_\_\_\_ Mother SSN: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Tuition**

<input type="checkbox"/> Member Rate: \$1,250	Name: _____	Grade: _____
<input type="checkbox"/> Child #2: \$1,000	Name: _____	Grade: _____
<input type="checkbox"/> Child #3: \$ 750	Name: _____	Grade: _____
<input type="checkbox"/> Non-Member: \$2,500	Name: _____	Grade: _____
<input type="checkbox"/> Child #2: \$2,250	Name: _____	Grade: _____
<input type="checkbox"/> Child #3: \$2,000	Name: _____	Grade: _____

**Fees**

<input type="checkbox"/> Registration - \$300	<input type="checkbox"/> Catechism (7/8) - \$17.00	Subtotal	<input type="text"/>
<input type="checkbox"/> Technology - \$100	<input type="checkbox"/> Scholastic News (K) - \$8.00	(Gift)	<input type="text"/>
<input type="checkbox"/> Assembly Fee - \$10	<input type="checkbox"/> Scholastic News (1st, 2nd) - \$7.00	(Payment)	<input type="text"/>
<input type="checkbox"/> Payment Plan Fee - \$50	<input type="checkbox"/> All God's People (2nd) - \$15.00		
<input type="checkbox"/> Band Books- 5th & 6th \$10.00	<input type="checkbox"/> Athletic Fee - \$50.00		
<input type="checkbox"/> Recorder Books-4th \$5.00		Total Due:	<u>                    </u>

**Payment Plans (initial preferred option)**

Option 1: Pay in full via any payment methods.

Option 2: Pay over 10 months (August - May) - ACH or credit card on file  
 >> Requires monthly installments of \$ \_\_\_\_\_ per month  
 >> We will charge your credit card or debit ACH bank draft on the 10th of each month regardless if the 10th falls on a weekend or holiday.

Option 3: Pay over 6 months (August - January) - Manual pay (check, cash or credit card)  
 >> Requires monthly installments of \$ \_\_\_\_\_ per month  
 >> Late fees of **1%** of the balance due will be assessed for payment received (not postmarked) after the 10th of each month.

**Certification (initial each box)**

I understand and agree that I am responsible for all tuition and fees assessed per this schedule as indicated above.

I understand and agree that I am responsible for all fees incurred due to declined credit cards or checks returned from the bank. Minimum charge is \$25.00.

I understand and agree that I am responsible for additional fees should this account go to collections due to non-payment of account.

\_\_\_\_\_  
Parent or Guardian-Signature

\_\_\_\_\_  
Parent or Guardian-Printed Name

\_\_\_\_\_  
Parent or Guardian-Signature

\_\_\_\_\_  
Parent or Guardian-Printed Name



# eCheck Authorization Form

St Paul Evangelical Lutheran Congregation, Millington, Michigan

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I authorize St Paul Evangelical Lutheran Congregation (aka St Paul Lutheran Church and School) to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

### Terms of Billing

- Option 1 – Pay in full for the amount of \_\_\_\_\_.
- Option 2 - Starting on \_\_\_\_\_ and on the 10<sup>th</sup> day of each month through May 2020 in the amount of \_\_\_\_\_.

### Bank Information

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:    \_\_ Checking \_\_ Savings



This payment authorization is to remain in full force and effect until I, \_\_\_\_\_, notify St Paul Lutheran Church & School of its cancellation by sending written notice in such time and in such manner to allow both St Paul Lutheran Church & School and the receiving financial institution a reasonable opportunity to act on it.

I further acknowledge in the event of non-sufficient funds (NSF), I will be liable for resulting NSF fees and billed appropriately.

Member Signature: \_\_\_\_\_

Member Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: once information is entered into your electronic PCI-Compliant account, this form is destroyed. Account information is truncated within your account and cannot be read by anyone within our church or school.*



# Credit Card Authorization Form

St Paul Evangelical Lutheran Congregation, Millington, Michigan

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I authorize St Paul Evangelical Lutheran Congregation (aka St Paul Lutheran Church and School) to initiate either an electronic debit or to create and process a demand draft against my credit card account according to the terms outlined below. I acknowledge that the origination of credit transactions to my account must comply with the provisioning of United States law.

## Terms of Billing

- Option 1 – Pay in full for the amount of \_\_\_\_\_.
- Option 2 - Starting on \_\_\_\_\_ and on the 10<sup>th</sup> day of each month through May 2020 in the amount of \_\_\_\_\_.

## Credit Card Information (**Credit** cards only – no debit cards)

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

CVC code: \_\_\_\_\_ Billing zip code: \_\_\_\_\_



This payment authorization is to remain in full force and effect until I, \_\_\_\_\_, notify St Paul Lutheran Church & School of its cancellation by sending written notice in such time and in such manner to allow both St Paul Lutheran Church & School and the receiving financial institution a reasonable opportunity to act on it.

I further acknowledge in the event of credit card declination, I will be liable for resulting declination fees and billed appropriately.

Member Signature: \_\_\_\_\_

Member Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: once information is entered into your electronic PCI-Compliant account, this form is destroyed. Account information is truncated within your account and cannot be read by anyone within our church or school.*