**

*Automated Payment processing*

*Safe - Convenient - Easy*

We are excited to offer the safety, convenience and ease of Tuition Express™ –

an automatic payment processing system that allows on-time tuition and fee payments.

**Trinity Lutheran School uses Tuition Express for K-8 Tuition, Extended Care and Camp Trinity.**

**Please initial and choose one method of payment.**

**K-8 Tuition (initial one):**

 \_\_\_\_\_\_ I will make a one-time annual payment in full for my child(ren). I will receive a 5% discount off the tuition only.

 *The 5% discount does not apply if you receive any tuition assistance or scholarships.*

 *The 5% discount does not apply to any Registration, New Student, or PTL Fees.*

\_\_\_\_\_\_ I will make monthly payments through Tuition Express beginning July 1, 2019.

  *Tuition Express processing fees are the responsibility of the parent/guardian.*

\_\_\_\_\_\_ I would like to arrange an alternative payment schedule with the Finance Department.

**Additional K-8 Fees (initial all that apply):**

\_\_\_\_\_\_I will pay the New Student Fee through Tuition Express.

\_\_\_\_\_\_ I will pay the Registration Fee through Tuition Express.

\_\_\_\_\_\_ I will pay the PTL Fee through Tuition Express.

**Extended Care (initial one):**

 \_\_\_\_\_\_ Weekly – Drop-in charges will be billed the Monday following the week of care.

 \_\_\_\_\_\_ Monthly – Monthly charges will be billed the first Friday of each month.

 Monthly rates *include* Mini-Camps.

 Monthly rates *do not include* Camp Trinity –Thanksgiving Break, Spring Break, or Summer Camp

**Extended Care Registration Fee: (initial, if applicable)**

\_\_\_\_\_\_ I will pay the Registration Fee through Tuition Express.

**Camp Trinity- Thanksgiving Break / Spring Break / Summer Camp (initial if you plan to send your children to any camp):**

**\_\_\_\_\_\_** Weekly charges will be billed on the Friday **prior** to the week of camp my child is registered to attend.

**Camp Trinity Registration Fee: (initial, if applicable)**

\_\_\_\_\_\_ I will pay the Registration Fee through Tuition Express.

**\*See next page to choose your method of payment through Tuition Express.\***

**AUTHORIZATION FOR CREDIT CARD**

***Choose One Payment Method***

***(Do not complete this portion if you intend to use your Checking Account for Electronic Funds Transfer.)***

I hereby authorize Trinity Lutheran School to initiate recurring credit card charges for the items initialed on the previous page to my referenced credit card account. **I understand that a transaction fee of $5.00 will be added to my bill each week for the ability to use my debit/credit card as my source of payment.** To properly effect the cancellation of this agreement, I am required to give a 10 day written notice. Tuition Express accepts Discover, MasterCard, and Visa. **\*\*NOTE: There will be a $25.00 fee for all declined transactions.**

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Cardholder Name Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL Credit Card Number Expiration Date Three Digit Security Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Today's Date

**AUTHORIZATION FOR BANK ACCOUNT ELECTRONIC FUNDS TRANSFER**

***(Do not complete this portion if you intend to use your debit/credit card for payments.)***

I hereby authorize Trinity Lutheran School to initiate debit entries from my Checking or Savings Account indicated below in accordance with my selected payment schedule on the previous page. I understand that there is **no fee** for using my Bank Account as my source of payment. To properly effect the cancellation of this agreement, I am required to give a 10 day written notice.

**\*\*NOTE: There will be a $25 fee for all NSF transactions.**

*Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.*

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Your Name Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank or Credit Union Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank or Credit Union Address City State Zip

  Checking  Savings

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Transit Number (see sample below) Account Number (see sample below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**\*\*You must supply a voided check or a pre-printed**

**voided deposit check with this section of the form.**

**The check or deposit slip must be printed with your**

 **name, address, routing and account numbers.**

*For Official Use Only*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date Received*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Employee Signature*