



TRINITY

LUTHERAN SCHOOL

From Infants to 8th Grade

Child's Name: _____

School Year: _____

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.

Choose One Payment Method

Child's Name: _____

School Year: _____

AUTHORIZATION FOR CREDIT CARD

(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.**

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.

Your Name	Phone #
Address	City State Zip
Bank or Credit Union Name	
Bank or Credit Union Address	City State Zip <input type="checkbox"/> Checking <input type="checkbox"/> 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 _____