



Electronic Funds Transfer Agreement

ONE FORM PER STUDENT ♦ PLEASE PRINT

New Student
 Revised Information
 No Changes

Student Name _____

Grade in 08-09 Freshmen Sophomore

Parent Name _____

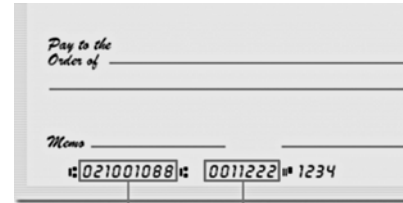
Junior Senior

ACCOUNT INFORMATION

Please check: Savings Checking

Routing Number _____

Account Number _____



ABA/Routing Number Account Number

A VOIDED CHECK REQUIRED, NO DEPOSIT SLIPS

Deduct tuition on this day of the month:

1st
 5th
 10th
 15th
 20th
 25th

Quarterly Payment
 \$2,725 will be deducted July 2008, September 2008, November 2008 and February 2009
 \$150 Senior Graduation Fee will be deducted November 2008 (if applicable)
 \$300 Unperformed Parent Service Hours charge will be deducted in February for Seniors and May for all other students

Monthly Payment
 \$1,090 will be deducted July 2008 through April 2009
 \$150 Senior Graduation Fee will be deducted November 2008 (if applicable)
 \$300 Unperformed Parent Service Hours charge will be deducted in February for Seniors and May for all other students

Other fees and charges that may be deducted from your account:

- \$25 fee for Returned check charge, NSF, Closed account and Stopped payment
- \$25 Late charge
- AP Exam, Cafeteria and Library fees

Stewardship Donation

Understanding that tuition does not cover the full education cost, please add \$_____ per month to my tuition payment as a gift to *Stewardship for St. Francis High School*, our annual fund drive. Effective Date: _____ End Date: _____

I authorize St. Francis High School to deduct funds from my designated checking or savings account at the above indicated financial institution on the date I have selected. I understand that I may stop the automatic payment by notifying St. Francis High School in writing. If necessary, St. Francis High School can also stop my participation in this service.

Parent Signature _____ Date _____