



Please Return This Form with Your Tuition Agreement

Electronic Funds Transfer Agreement

ONE FORM PER STUDENT ♦ PLEASE PRINT

Student Name \_\_\_\_\_

Grade in 2010-11  Freshman  Sophomore

Parent Name \_\_\_\_\_

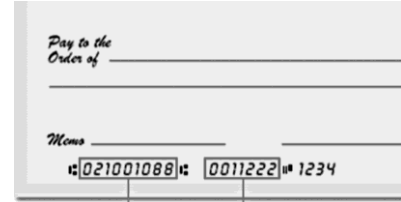
Junior  Senior

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:

- 5th  10th  15th  20th  25th

Quarterly Payment, Monthly Payment, 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 \_\_\_\_\_

Please contact Michael Gallo at 916-737-5042 if you have further questions.

Mail to: St. Francis Catholic High School, Attention M. Gallo, 5900 Elvas Avenue, Sacramento, CA 95819

TOP COPY: PLEASE SIGN & RETURN ♦ YELLOW COPY: PLEASE KEEP FOR YOUR RECORDS