

Tuition and/or Dormitory Payment Plan 2012-2013

St. Croix Lutheran High School

Only one form required per family

Please print

Finance Office Use Only	Finance Office Use Only
Check # _____	Check # _____
Amount _____	Amount _____
Date _____	Date _____

Name of Parent(s)/Guardian(s)/Bill Payer(s)

Street address, City, State and Zip code

Home telephone number Cell phone number Work telephone number

Email address for statements and payment reminders

How & when you will pay

- Please send me monthly statements – payments are due by the 20th of each month
- Please charge my monthly balance on the 20th of each month from my checking or saving account

Bank name Bank account number

9 digit bank routing number-PLEASE ATTACH A VOIDED CHECK if we do not already have one on file

Which payment plan

- 11 months due July 2012 – May 2013
- 9 months due September 2012 – May 2013
- 1 payment due July 31, 2012 - \$200 discount given per child-no discount if receiving tuition assistance
- 1 payment due August 31, 2012 – no early pay discount given

All payments are to be paid to St. Croix Lutheran High School at 1200 Oakdale Av, West St. Paul, MN 55118

If you do not select a payment plan, by default, you will be put on the 9 month option. You must choose one of the plans listed above – no other options are available.

Who is attending school

Name of Student Grade

Name of Student Grade

Name of Student Grade

Please read & sign

I have read and agree to the terms and conditions on the reverse side of this document. I agree that St. Croix Lutheran High School may automatically re-enroll me in this payment program for each subsequent school year. I agree to pay the tuition amount established for the students above and realize that if I fail to make payment by the specified due date such inaction will result in a late fee of \$25 per month, charged 10 days after the payment due date. A \$30 fee will apply for all failed auto-debits and all failed checks. I also understand and agree that no grades, credits, or transcripts for the above-named student(s) will be released by the school until all financial obligations to the school have been met.

BILL PAYER’S SIGNATURE Date

Terms and Conditions

Late enrollment: If SCLHS does not receive your enrollment form on time, your first payment date may be moved forward. We may require the first payment be made when you submit this form or we may establish a plan with a smaller number of higher payments. To avoid higher payments, please return this completed form to SCLHS immediately.

Refunds: SCLHS does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments.

Late Fee: A \$25 late fee will be assessed to your account if any payment is not received by the payment due date. A 10-day grace period will be given.

Dishonored payment: The following fees will be applied to your account for dishonored payments. Your bank may impose additional fees.

Failed Auto-debit: A fee of \$30 will be applied to your account for failed ACH due to insufficient funds or uncollected funds.

Failed checks: A fee of \$30 will be applied to your account for a check dishonored by your bank.

Follow-up Service: In the event that your account becomes delinquent, it is your responsibility to contact the Financial Operations Manager at SCLHS in order to make acceptable alternate payment arrangements.

Autopay Terms (applies only to autopay enrollees): I authorize St. Croix Lutheran High School to debit my account on the scheduled dates as described on the reverse side. This authority will remain in effect until SCLHS receives my written instruction to cancel Autopay service. I agree that if any such debit is dishonored, for any reason, SCLHS shall have no liability for any fees charged to me by my financial institution. I acknowledge that SCLHS may reattempt to debit my account 10 days after a failed transaction.

Amendments: I acknowledge and agree that such terms and conditions may be amended from time to time by SCLHS and such amendments will be reflected on SCLHS website at www.StCroixSchools.org.

Privacy Policy: Your privacy is important to us. We do not disclose any nonpublic personal information about our customers or former customers to anyone except as permitted by law.

Parent Instructions

How & When you will pay: (choose only one) If you choose to pay by mail, you will receive an invoice that will be due on the date selected. Please mail your payments early to allow for postal delivery or deliver your payments directly to the school office. If you select Autopay, SCLHS will debit your account on the 20th of each month. If your Autopay due date falls on a weekend or holiday, your account will be debited on the following business day.

Which Payment Plan: Please choose one of the plans offered. No other plans are available.

Who Is Attending the School: Please write in the name and grade of your children who will attend.

Please Read & Sign: Please review the Terms and Conditions. **The Primary Bill Payer must sign the form.**

PLEASE RETURN YOUR COMPLETED FORM TO SCLHS IMMEDIATELY

Contact the SCLHS Financial Operations Manager at (651) 455-1521 x 103 if you have any questions regarding this form.