

FIRST STAR SAVINGS BANK AUTOMATIC TUITION PAYMENT AGREEMENT

ST. JOHN VIANNEY REGIONAL SCHOOL      ALLENTOWN      04/11 bw

**1. RESPONSIBLE FOR PAYMENT** \*Must be an authorized signor on account listed below in #3

Name: \_\_\_\_\_ E Mail \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Evening Phone \_\_\_\_\_

**2. STUDENT NAME(S)**      Grade      Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

FUNDRAISING -Include with monthly payment. Indicate buyout amount (\$450 or other) \_\_\_\_\_

TOTAL \_\_\_\_\_

**3. PAYMENT METHOD**

ACH Automatic Bank Payment      \_\_\_ Checking      \_\_\_ Savings      Routing # \_\_\_\_\_

Bank \_\_\_\_\_

**ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP**

*The attached "voided" check or savings account deposit slip allows First Star Bank to process this request.*

**4. PAYMENT INFORMATION / TERMS** (Select a payment date and term)

Monthly Payment Date:      5th OR 20th (Circle One)

<b>Term:</b> _____ 10 months (Aug. - May)	_____ 11 months (Jul. - May)	_____ 2 payments Aug. 30th Dec. 30th
<b>\$10.00 First Star bank fee*</b>	<b>\$11.00 First Star Bank Fee*</b>	<b>\$2.00 First Star Bank Fee*</b>

**\* The Annual First Star Bank Enrollment Fee is taken at the time of your first payment.**

**There is no processing fee for First Star Bank customers.**

Balance Due      \$ \_\_\_\_\_

FIRST PAYMENT	
_____	_____
month	year

Monthly Payment \$ \_\_\_\_\_

**RETURN ITEM FEE**

A \$25.00 fee will be assessed by St. John Vianney Regional School if there are insufficient funds at time of payment. Payment will be re-attempted on the next draw date (5th on 20th / 20th on 5th), twice. The third and final attempt will be made within 3 days of the 2nd attempt. The payment will then have to be made at the school.

**6. AUTHORIZATION**

By signing this agreement, I hereby accept, and agree to be bound to the payment terms as indicated. I guarantee that I am an authorized signor on the account provided and authorize electronic transfers of payments be made from my account to St. John Vianney Regional School.

If, at anytime, I default on the tuition agreement and other payment arrangements are not made, the remaining balance will be paid in full immediately, in cash or by money order.

(X)

Signature of authorized signor on account listed      Printed name of signor