

Please complete Sections 1-4.

1 Family Contact Information Account Number (if previously enrolled with TMS): _____

Payer's Name: Mr. Mrs. Ms. _____
First Middle Initial Last

Payer's Social Security Number: _____ - _____ - _____ Payer's Date of Birth: _____ / _____ / _____

Secondary Contact: Mr. Mrs. Ms. _____
First Middle Initial Last

Payer Street Address: _____ Apt: _____

City: _____ ST: _____ Zip: _____

Payer Telephone: (____) _____ - _____ Payer Email: _____

Student 1: _____ Grade: _____

Student 2: _____ Grade: _____

Student 3: _____ Grade: _____

Student 4: _____ Grade: _____

Students who withdraw for any reason other than relocation out of parish boundaries are responsible for paying the entire amount due for the school year. Students who relocate may qualify for a partial refund based upon the schedule as stated in the school policy handbook.

2 Plan Options:

10 Installments: Due 7/5/2010 to 4/5/2011

10 Installments: Due 7/20/2010 to 4/20/2011

PLEASE NOTE: IF A REQUEST IS MADE BY THE PAYER TO TERMINATE THE MONTHLY PAYMENT PLAN, TUITION MANAGEMENT SYSTEMS IS REQUIRED TO RECEIVE APPROVAL FROM ST. THOMAS MORE.

3 Authorization Agreement for Automatic Payment Option

I hereby authorize Tuition Management Systems, a division of KeyBank National Association ("TMS"), to initiate debit entries/charges to my account indicated below for the amount due on my Monthly Payment Plan on the date the payment is due. All transfers will be made on the due date of the payment or on the next processing day if the transfer date is a non-processing day for TMS. Electronic debits through the automated clearing house are subject to the operation rules of the National Clearing House Association.

TMS may, at its option, discontinue automatic payment transfers from the account if I fail to maintain sufficient/available funds in the account to cover the payments required. This authority shall remain in full force and effect until TMS is notified by me by telephone or in writing to cancel it in such time as to afford TMS and the Financial Institution a reasonable opportunity to act on it.

Checking/Statement Savings/Credit Card (circle account type) Account #: _____

Financial Institution Routing #: Financial Institution Name: _____

If using a Credit Card: VISA® MasterCard® DISCOVER® American Express® Exp. ___/20___

Account Holder's Name: _____ Account Holder's Address: _____

I will be notified by mail of the date the automatic payments will begin. Until that time, I will make payments by check or contact TMS for alternative arrangements. I understand that is my responsibility to ensure that there are sufficient funds in the account to cover any debit authorized and to ensure that payments are made on time.

4 Payer Signature: I hereby agree to any and all information and agreements noted above: **The signer is responsible for all late fees or bank fees that may apply.**

Payer Signature _____ Date ___/___/20___

Please check box if your bank account information changed from previous year.

SCHOOL USE ONLY

1. Tuition	\$ _____	Notes: _____ _____ _____ _____ _____
2. + Interest	\$ _____	
3. + Credit Card Fees	\$ _____	
4. + TMS Fee	\$ <u>38.00</u>	
5. = Total Plan Amount:	\$ _____	
6. ÷ Number of Installments	<u>10</u>	
7. = Installment Amount	\$ _____	

Administrator Signature Date ___/___/20___