# GRCSS - Catholic Central High School - 11285 - 01 • 2010 - 2011

**F-PAS-312**

## 1 Family Contact Information *Please Print Clearly*

Account Number *(if previously enrolled with TMS)*: _____

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

Payer's Date of Birth: ____/____/____ Family ID: _____

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: ____

## 2 Plan Options:

☐ **1 Installment: No Fee**
Due 8/5/10

☐ **2 Installments: $20**
Due 8/5/10 **and** 2/5/11

☐ **2 Installments: $20**
Due 8/20/10 **and** 2/20/11

☐ **4 Installments: $30**
Due 8/5/10, 11/5/10, 2/5/11 **and** 5/5/11

☐ **4 Installments: $30**
Due 8/20/10, 11/20/10, 2/20/11 **and** 5/20/11

☐ **10 Installments: $45**
Due 8/5/10 **to** 5/5/11

☐ **10 Installments: $45**
Due 8/20/10 **to** 5/20/11

**PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED AND INCUR THE APPLICABLE ENROLLMENT FEE FOR THIS PLAN UNTIL GRADUATION OR CANCELLATION. ENROLLMENT FEES ARE SUBJECT TO CHANGE IN FUTURE ACADEMIC YEARS.**

## 3 ENROLLMENT FEE PAYMENT Options: For Enrollment Fee Amount ONLY, Refer to Section 2.

☐ A check is enclosed for the **enrollment fee. (Make check payable to Tuition Management Systems.)**

☐ Charge the **enrollment fee** to my credit card: ☐ VISA® ☐ MasterCard® ☐ DISCOVER® ☐ American Express®

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp: ____ /20____

## 4 Optional Authorization Agreement for Automatic Payments

I hereby authorize Tuition Management Systems, a division of KeyBank National Association ("TMS"), to initiate debit entries to my account at the financial institution 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.

TMS may, at its option, discontinue automatic funds transfers from the account if I fail to maintain sufficient 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 (circle account type) Account #: _____

Financial Institution Routing #: ☐☐☐☐☐☐☐☐☐ Financial Institution Name: _____

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 it 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. **PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED AND INCUR THE APPLICABLE ENROLLMENT FEE AND BANK WITHDRAWALS FOR THIS PLAN UNTIL GRADUATION OR CANCELLATION. ENROLLMENT FEES ARE SUBJECT TO CHANGE IN FUTURE ACADEMIC YEARS.**

## 5 Payer Signature:

I hereby agree to any and all information and agreements noted above: _____ Payer Signature Date ____/____/20____

## SCHOOL USE ONLY

| | | | |
|---|---|---|---|
| 1. Tuition | $____.__ | 9. **Installments Paid At School (if any):** | $____.__ |
| 2. + Fees/Other | $____.__ | | |
| 3. = **Total Expenses** | $____.__ | **Notes:** | |
| 4. - Grants/Financial Aid | $____.__ | | |
| 5. - Scholarships | $____.__ | | |
| 6. = **Total Plan Amount:** | $____.__ | | |
| 7. ÷ 1, 2, 4 or 10 | ____ | | |
| 8. = **Installment Amount** | $____.__ | _____ Administrator Signature | Date ____/____/20____ |

WHITE COPY - TUITION MANAGEMENT SYSTEMS YELLOW COPY - SCHOOL PINK COPY - FAMILY