ES2344

Holy Rosary B.A.S.E.
Payment Authorization 2010

Student Name(s)	Parish ID #	Date

Name on Account	Address
Telephone	**Email**

Authorization

Inception Date: _____ ☐ New Authorization ☐ Change in Amount ☐ Change Account

Payment Plan – Transferred on the 1st of each month

BASE: *(effective January 1st 2010)*

Contract:

PM Contract:
- 1st child: $290 per month
- 2nd child: $260 per month
- 3rd child: $232 per month

AM and PM Contract:
- 1st child: $340 per month
- 2nd child: $306 per month
- 3rd child: $272 per month

No Contract:

Other

Contract:

Monthly Plan $_____
(January thru June)

No Contract:

PM rate $_____
AM rate
Half day rate

❑ **Pay with Checking** (must attach a voided check)
❑ **Savings Account** (attach a savings deposit slip)

I authorize Holy Rosary Parish to process debit entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization. I understand there will be a $25 NSF fee automatically charges to my account for any insufficient fund (NSF) transactions.

Authorized Signature

Date

❑ **Pay with Credit Card**

Credit Card #:_____

Expiration Date: _____ _____ _____
Month Year Billing Zip Code

Print Name of Cardholder

Signature of Cardholder

12/17/09