**SMART TUITION**
*Financial Solutions for Schools and Parents™*

**ST. PASCAL BAYLON SCHOOL - 01675**
**1770 E. THIRD STREET**
**ST. PAUL, MN 55106**

0 1 6 7 5 0 7 0 1 0 1

## WHO WILL BE PAYING YOUR TUITION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)

STREET ADDRESS OR PO BOX

APT #

CITY

STATE

ZIP CODE

HOME TELEPHONE NUMBER

– –

EMAIL ADDRESS (SMART PROVIDES EMAIL REMINDERS FOR UPCOMING PAYMENTS)

## HOW & WHEN YOU WILL PAY

☐ I WISH FOR YOU TO DEBIT MY MONTHLY BALANCE ON THE:

Your school allows the following debit dates:
10,20,30

PLEASE DEBIT MY ☐ CHECKING **(PLEASE ATTACH A VOIDED CHECK)** OR ☐ SAVINGS

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

convenience fees apply to all credit card payments.
Smart Tuition does not accept Visa

## WHICH PAYMENT PLAN

**Plan M 12 Month(s) Jul 09 -Jun 10**

ENTER PLAN LETTER HERE

M

## WHO IS ATTENDING THE SCHOOL

GRADE: Choose from the following grades: PK, K,1-12

| *GRADE | FIRST NAME OF STUDENT | LAST NAME OF STUDENT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may automatically re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school 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 established by my school. I understand that Smart Tuition may contact me via email and telephone when payments are late and charge a follow up fee of $20.00. A $20.00 fee will apply for failed auto-debit and $25.00 fee for failed checks.

PRIMARY BILL PAYER _____

DATE SIGNED __/__/__

16507 1/1

## FOR SCHOOL OFFICE USE ONLY

☐ **THIS FAMILY IS ENROLLING LATE.**
- ☐ SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
- ☐ COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT IDs

| | |
|---|---|
| STUDENT 1 TUITION: | $ |
| STUDENT 2 TUITION: | $ |
| STUDENT 3 TUITION: | $ |
| STUDENT 4 TUITION: | $ |
| STUDENT 5 TUITION: | $ |
| TOTAL FEES SPREAD ACROSS PLAN | + |
| TOTAL FEES TO PAY IN FIRST MONTH | + |
| TOTAL DISCOUNTS ACROSS PLAN | - |
| FEE TO SMART TUITION: | + 38.00 |
| **ANNUAL TOTAL DUE** | $ |

If you would like help with fees and discounts please contact your account manager.

*OPTIONAL TYPE CODE: