



Business Office
500 Sands Drive
San Jose, CA 95125
408-264-6789

CheckFree Automatic Tuition Payment Agreement
Elementary/Middle School 2011/2012

RESPONSIBLE FOR PAYMENT:

Name: _____ Relationship to Student: _____
Address: _____
City, State, Zip: _____
E-Mail: _____ Phone: _____

PAYMENT METHOD:

Account Type: Checking Savings
Payment Date: 5th 20th

If your child is entering Kindergarten or 6th Grade - you must complete the entire form, including your bank information.

Bank Name: _____
Routing Number: _____
Account Number: _____

Checking Accounts:
Attach Voided Check - **NO** Deposit Slips
Savings Accounts:
Provide Routing & Account Number

IF **NO CHANGE** FROM LAST YEAR, **AND** YOUR CHILD IS IN THE SAME SCHOOL (Elementary or Middle School), PLEASE SIGN HERE: _____

IMPORTANT FEE INFORMATION
Returned payments will be automatically re-attempted by CheckFree.
A \$25 Returned Payment Fee may be added to the student account identified above for each returned payment.

AUTHORIZATION:

By signing this Agreement, I hereby agree to be the Responsible Party, whether or not named as the Responsible Party above. I hereby accept, and agree to be bound by, the terms and conditions contained within this agreement and authorize CheckFree to initiate debit entries to the account listed above, or any subsequent account provided, and to debit the same to such account. In the event that I am not the Responsible Party named above, then I shall be deemed to be the Responsible Party for all purposes under this Agreement.

(X) _____
Signature (Must be an authorized signer on the account listed above.) Print Name Date

**** Business Office Use Only ****
PAYMENT TERMS
Total Tuition Due: \$ _____
Monthly Payment: \$ _____ Starting Month: _____
Tuition Paid In-House: \$ _____ Ending Month: May 2012