



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

CheckFree Automatic Tuition Payment Agreement
 Elementary/Middle School

STUDENT NAME: _____ GRADE: _____ School Year: 2010/2011

RESPONSIBLE FOR PAYMENT:

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____ E-Mail: _____

PAYMENT METHOD:

Account Type: Checking Savings

Payment Date: 5th 20th

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

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

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

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.

**** Business Office Use Only ****
PAYMENT TERMS

Total Tuition Due: \$ _____
 Monthly Payment: \$ _____ Starting Month: _____
 Tuition Paid In-House: \$ _____ Ending Month: May 2011



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