

**St. Michael - St. Gabriel the Archangel Catholic School
2020-2021 Payment Plan Options**

Payer Information

Father _____	Mother _____
Address _____	Address _____
City _____	City _____
State, Zip _____	State, Zip _____
Email _____	Email _____
Phone _____	Phone _____

Student Name, 2020-2021 Grade Level

1. _____	3. _____
2. _____	4. _____

___ I (we) plan to pay our balance in a **SINGLE PAYMENT** by 07/31/20 (3.00% discount).

___ I (we) plan to pay our balance in **TWO INSTALLMENTS**, 07/31/20 and 12/31/2020 (1.5% discount).

10 Monthly Payments starting August 2020 through May 2021 on _____ of the month:

___ I (we) plan to pay 10 monthly payments by **AUTOMATIC BANK WITHDRAWAL** (provide voided check).

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

___ I (we) plan to pay 10 monthly payments **DIRECTLY BY CHECK OR CASH** to the business office.

___ I (we) plan to pay 10 monthly payments by **CREDIT CARD Plus 2.7% Surcharge Fee** (provide number below).

CREDIT CARD #: _____ - _____ - _____ - _____ **EXP:** _____ **SC#:** _____ **BILLING ZIP:** _____
CARD TYPE: VISA _____ OR MASTERCARD _____

Payer Signature

I hereby authorize St. Michael- St. Gabriel the Archangel Catholic School to initiate monthly debit entries to my account as indicated above. I understand my child is not officially enrolled until the business office has a signed FORM PPO 20-21 and a signed and completed 20-21 Tuition Agreement.

Payment Payer Signature _____ **Date** _____

Business Office Use

Registration Fee Payment: \$ _____ Payment Type: _____ Date: _____

Please contact Misty Areal at (317)-926-0516 x423 or mareal@indyarchangel.org if you need to discuss payment plan options.