

# ST. MICHAEL - ST. GABRIEL THE ARCHANGEL CATHOLIC SCHOOL

## 2018-2019 PAYMENT PLAN OPTIONS

### Payer Information

### Student(s) Name(s)

### Grade Level

Father \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone # \_\_\_\_\_/\_\_\_\_\_

\_\_\_ I (we) plan to pay our balance in a **SINGLE PAYMENT** by 07/15/18 (3.00% discount).

\_\_\_ I (we) plan to pay our balance in **TWO INSTALLMENTS**, 07/15/2018 and 12/15/2018 (1.5% discount).

**10 Monthly Payments** starting August 2018 through May 2019 on \_\_\_\_\_ of the month:

\_\_\_ I (we) plan to pay 10 monthly payments by **AUTOMATIC BANK WITHDRAWAL**.

\_\_\_ I (we) plan to pay 10 monthly payments on the 20<sup>th</sup> by **CREDIT CARD**. (2.7% Surcharge Fee)

\_\_\_ I (we) plan to pay 10 monthly payments on the 20<sup>th</sup> **DIRECTLY BY CHECK OR CASH** to the business office.

**PLEASE PROVIDE A VOIDED CHECK IF YOU ARE PAYING BY AUTOMATIC WITHDRAWAL. IF PAYING BY CREDIT CARD, PLEASE PROVIDE CREDIT CARD INFORMATION.**

CREDIT CARD # \_\_\_\_\_ EXP. \_\_\_\_\_/20\_\_\_\_\_  
 CARD TYPE: \_\_\_\_\_ VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ DISCOVER SC# \_\_\_\_\_

### **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 2018-2019 Tuition Agreement and a signed and completed PPO 2018-2019 form.**

**Payment Payer Signature \_\_\_\_\_ Date \_\_\_\_\_**

<u>Business Office Use:</u>		<u>Deductions:</u>	
2018-2019 Tuition	\$ _____	Tuition Down Payment	\$ _____
2018-2019 Service Hours Fee	\$ _____	Parishioner Support	\$ _____
Total Tuition & Fees	\$ _____	Multi-Student	\$ _____
Total Deductions	\$ _____	Archdiocese	\$ _____
		Financial Aid	\$ _____
Our Net Tuition	\$ _____	Estimated Choice Award	\$ _____
Our Monthly Payment	\$ _____		

Please contact Misty Areal, Bookkeeper, at 317-926-0516 (ext #101) or [mareal@indyarchangel.org](mailto:mareal@indyarchangel.org), if you need to discuss your payment plan options.