



TCCES 2010-11

ACH Payment Agreement Form

For Automatic Withdrawal Authorization

Thank you choosing the ACH monthly payment plan! Here is how it works; First, fill out this form completely and legibly. You may authorize 1 or 2 monthly payments to be made directly from your checking or savings account. Your payments will be withdrawn on the 5th and/or 20th of each month or the Monday after, if date falls on a weekend. Proof of payment will appear on your bank statement.

RESPONSIBLE PARTY

Parent/Guardian Name(s): _____
 Name(s) on checking/savings account to be used: _____
 Address & City, State, Zip: _____
 Phone #1: _____ Phone #2: _____ Email: _____

AUTOMATIC BANK PAYMENTS Please verify with your financial institution that the account you plan to use allows automatic payments.

Bank Name: _____ City & Zip: _____ Phone: _____
 Routing Number: _____ Account Number: _____
(first 9 numbers on bottom of your check)

Choose one: Checking or Savings Please attach a canceled check or deposit slip for corresponding account.

PAYMENT TERMS Tuition is due in full by **June 30, 2011**. Tuition for SMC Seniors must be paid in full by their graduation date. Keep this in mind when calculating your number of payments and monthly payment.

1. Date(s): 5th 20th Both 5th & 20th (If not selected, the 20th will be used)
2. Month of 1st Payment: _____
3. Count the number of months starting with the month of your 1st payment and ending as late as June, 2011.
 Number of Payments: _____
4. Total Tuition Balance Due: \$ _____ Your TCCES account ID (found on statement): _____
5. Calculate your monthly payment. Divide your balance due by the number of payments (above). If this payment amount is not feasible, please enter the amount you can afford to pay each month, as a good faith gesture of your commitment to pay your tuition bill.
 Monthly Payment: \$ _____ one-time each month
 or for payments on both the 5th & 20th, divide this monthly payment in half: \$ _____ pay on 5th & on 20th

This Agreement will be ongoing and continue from school year to school year or until the Responsible Party terminates Agreement. If there is a balance remaining on **June 30, 2011**, TCCES will continue to make withdrawals until the tuition balance is paid in full.

The Responsible Party has the right and the responsibility to contact TCCES with changes to their bank account information. Any and all insufficient fund (NSF) returns will be assessed a \$10.00 NSF finance fee by TCCES in addition to any fees the Responsible Party's financial institution may assess. NSF returns will be reattempted within 5 business days, as will the \$10.00 NSF fee.

As the Responsible Party, I authorize TCCES and the financial institution named above to initiate withdrawals from my checking/savings account listed or any subsequent account provided. I can stop payment of any entry by notifying TCCES at least 3 business days before my account is to be charged.

I understand and agree that in the event I have a returned payment, the NSF payments and the NSF \$10.00 fee will be withdrawn from my checking/savings account when payment is reattempted for withdrawal within 5 business days.

Responsible Party Signature: _____ Date: _____

Return completed Agreement to: TCCES Business Office, 1050 Zephyr Drive, Neenah, WI 54956