

# Tuition Authorization & Agreement Form

FAITH. FAMILY. FUTURE. 2023-2024

## Bank Account or Credit/Debit Card

All families are required to enroll in one of the payment options listed below:

**Option 1:** One lump sum payment (with \$300 discount\*\*) to be automatically withdrawn on August 15, 2023.

\*\* The \$300 discount is applied per family not per student, and only applies to 5 full day students. Those who receive financial aid are not eligible for the \$300 discount.

**Option 2:** Two equal payments - First payment to be automatically withdrawn on August 15, 2023 and the second payment withdrawn on January 15, 2024.

**Option 3:** 12 Month automatic withdrawal payment plan through Gradelink that will bring the balance to zero by June 15, 2024 or earlier in the school year. The 12 month plan goes from July 2023 to June 2024.

I \_\_\_\_\_ authorize Trinity Lutheran School to charge/debit my bank  
(Parent/Guardian Name)  
account/credit card for tuition payment for my child(ren) \_\_\_\_\_  
(Child(ren)'s Name)

Total amount to be withdrawn: \$ \_\_\_\_\_,  
monthly on the \_\_\_\_\_ day of each month. (unless option 1 or 2 has been selected)

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## PLEASE SELECT COMPLETE ONE OF THE FOLLOWING PAYMENT OPTIONS

### Credit/Debit Card Details

Visa    MasterCard    Amex    Discover

Cardholder Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ 3 digit CVV # \_\_\_\_\_

### Bank Details

Checking    Savings

Account Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent/Guardian Signature)

I agree to notify Trinity in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Trinity's recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.

**Credit Card Fees per transaction are:**  
+0.15% + \$0.15 (Processing rate per transaction fee based on the interchange rate of the card)

**ACH (E-Check) Fees per transaction are:**  
\$0.15 (If over \$5,000 for a single ACH transaction, the processing fee assessed is +0.25%)



**Important**

This form must be completed and returned as part of the registration and tuition assistance process. No tuition assistance will be awarded if this form is not received, along with all other necessary information required for registration.

I/We further agree that all payments will be paid when due. Should I/we be late in payment, I/we understand that the following process will be followed:

- a. 30 days - If payment is not received, notification will be sent to parents/guardians in regards to discussion of a revised payment plan and the withholding of student records.
- b. 45 days - If the account is not brought current or a revised payment plan is not received, students records will be withheld until the payment plan is met.
- c. 60 days - Parents/guardians will be notified that student records continue to be withheld and enrollment will cease until account is brought current. Records will remain held if a student transfers. Family will be sent to

I/We agree to pay all amounts due under this contract. If another person is responsible to pay any part of the amount due for the child(ren) above, and she/he fails to pay when due, I/we agree to pay all amounts due immediately upon notification by the school.

I/We further agree to abide by the Trinity Lutheran School student-parent handbook and understand that if my/our child(ren) violates any portion of the student-parent handbook and/or is removed or expelled from Trinity Lutheran School for any reason consistent with the student-parent handbook, then I/we are not entitled to a proportionate refund of tuition. In addition, in the event of withdrawal or dismissal, I/we understand that all fees are non-refundable and tuition will be charged through the end of the month. Any prepaid tuition will be refunded on a graduated basis.

I/we further agree to be legally responsible for paying the tuition described above within the timeframes described above. I/We understand that Trinity Lutheran School may take any action available and consistent with applicable law in order to collect unpaid tuition owed by me/us including but not limited to withholding academic transcripts.

I/We have read and understood all of the terms and conditions contained in this agreement, and I/we agree to be legally bound by those terms and conditions.

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please list all children attending Trinity Lutheran School	
Child's Name	Indicate Grade

