

**1 Family Contact Information** Account Number (if previously enrolled with TMS): \_\_\_\_\_

Payer's Name: Mr. Mrs. Ms. \_\_\_\_\_  
First Middle Initial Last

Payer's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Family ID: \_\_\_\_\_

Secondary Contact: Mr. Mrs. Ms. \_\_\_\_\_  
First Middle Initial Last

Payer Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Payer Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Payer Email: \_\_\_\_\_

Student 1: \_\_\_\_\_ Grade: \_\_\_\_\_

Student 2: \_\_\_\_\_ Grade: \_\_\_\_\_

Student 3: \_\_\_\_\_ Grade: \_\_\_\_\_

Student 4: \_\_\_\_\_ Grade: \_\_\_\_\_

Envelope #: \_\_\_\_\_  Parishioner at St. Mary Nativity  Parishioner at Holy Cross  Non-Parishioner

**2 Plan Option:** 12 Installments: \$45  
 Due 6/1/2010 to 5/1/2011

**PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED AND INCUR THE APPLICABLE ENROLLMENT FEE FOR THIS PLAN UNTIL GRADUATION OR CANCELLATION. ENROLLMENT FEES ARE SUBJECT TO CHANGE IN FUTURE ACADEMIC YEARS.**

**3 Enrollment Fee Payment Options: For Enrollment Fee Amount, Refer to Section 2.**

A check is enclosed for the enrollment fee. (Make check payable to Tuition Management Systems.)

Charge the enrollment fee to my credit card:  VISA®  MasterCard®  DISCOVER®  American Express®

Credit Card #:                      Exp: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**4 Authorization Agreement for Automatic Payments**

I hereby authorize Tuition Management Systems, a division of KeyBank National Association ("TMS"), to initiate debit entries to my account at the financial institution indicated below for the amount due on my Monthly Payment Plan on the date the payment is due. All transfers will be made on the due date of the payment or on the next processing day if the transfer date is a non-processing day for TMS.

TMS may, at its option, discontinue automatic funds transfers from the account if I fail to maintain sufficient funds in the account to cover the payments required. This authority shall remain in full force and effect until TMS is notified by me by telephone or in writing to cancel it in such time as to afford TMS and the Financial Institution a reasonable opportunity to act on it.

Checking/Statement Savings (circle account type) Account #: \_\_\_\_\_

Financial Institution Routing #:                      Financial Institution Name: \_\_\_\_\_

I will be notified by mail of the date the automatic payments will begin. Until that time, I will make payments by check or contact TMS for alternative arrangements. I understand that is my responsibility to ensure that there are sufficient funds in the account to cover any debit authorized and to ensure that payments are made on time. **PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED AND INCUR THE APPLICABLE ENROLLMENT FEE AND BANK WITHDRAWALS FOR THIS PLAN UNTIL GRADUATION OR CANCELLATION. ENROLLMENT FEES ARE SUBJECT TO CHANGE IN FUTURE ACADEMIC YEARS.**

**5 Payer Signature:** I hereby agree to any \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 and all information and agreements noted above: \_\_\_\_\_ Payer Signature

**SCHOOL USE ONLY**

1. Tuition	\$ _____	<b>Notes:</b> _____ _____ _____ _____ _____
2. + Fees/Other	\$ _____	
3. = Total Expenses	\$ _____	
4. - Grants/Financial Aid	\$ _____	
5. - Scholarships	\$ _____	
6. = Total Plan Amount:	\$ <input type="text"/>	
7. ÷ Number of Installments	<u>12</u>	
8. = Installment Amount	\$ _____	
9. Installments Paid At School (if any):	\$ _____	

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 Administrator Signature