

**St. Catherine of Siena Parish
2010-11 School Year**

Family Name: _____

Address: _____

Envelope #: _____

Phone #: _____ E-Mail: _____

Direct Debit Tuition Payments

I/we authorize ten equal withdrawals from my/our checking account to fulfill my/our tuition obligation. The amount of each withdrawal will be \$ _____

Name(s) on Account _____

I/we have attached a voided check. Signature(s) _____

Credit Card Tuition Payments

I/we authorize ten equal charges on my Mastercard Visa to fulfill my/our tuition obligation. The amount of each charge will be \$ _____

I agree to adding a 3% charge to cover the cost of credit card fees charged to the parish.

Credit Card Number: _____

Expiration Date (month/Year): _____

Print name of cardholder: _____

Signature of cardholder: _____

	Monthly tuition charges	With 3% Credit Card Fee
One Full Time Student	\$135	\$139.05
One Half-Time Student	\$ 67.50	\$ 69.52