

HOLY ROSARY B.A.S.E.
Payment Authorization Form 2014-15

Student Name(s):		ID#:	Date:
Name on Account:		Address:	
Telephone (day):		Email:	
Authorization			
Inception Date: _____		<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change in Amt <input type="checkbox"/> Change Account
BASE: <u>Contract:</u> Full Am/PM Contract: 1st child: \$395/mo Additional child: \$354/mo/each AM Contract: 1st child: \$153/mo Additional child: \$138/mo/each PM Contract: 1st child: \$306/mo Additional child: \$275/mo/each 2 Days/Week PM Contract: 1st child: \$123/mo Additional child: \$111/mo/each 3 Days/Week PM Contract: 1st child: \$233/mo Additional child: \$230/mo/each Registration Fee per Family: \$50.00		<u>Contract:</u> Monthly Plan \$ _____ <u>Non -Contract:</u> \$ _____ <u>Non-Contract:</u> AM (7am-8:15am): \$10.50/day/child PM (M/T/Th/F: 3pm-6pm; W: 2:15-6pm): \$20.50/day/child 1/2 Day (12pm-6pm): \$36.00/day/child Full Day (7am-6pm): \$51.00/day/child	
<input type="checkbox"/> Checking account (attach voided check) <input type="checkbox"/> Savings account (attach savings deposit slip) I authorize Holy Rosary School to process debit entries to my account. This authorization will remain in effect until I give reasonable notification to terminate this authorization. I understand there will be \$25.50 NSF fee automatically charged to my account for any insufficient fund (NSF) transactions.		<input type="checkbox"/> Pay with Credit Card Credit Card #: _____ Exp Date: _____ Mo Year Billing Zip Code _____ _____ Print Name of Cardholder	
Authorized Signature _____ Date _____		Signature of Cardholder _____	

10/1/14