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Louisville, KY 40214
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**PRE-SCHOOL-3 YEAR OLD PROGRAM
2013/2014 PAYMENT AGREEMENT**

Responsible party _____

Student Name _____

Address _____

City/State _____

Zip _____

Phone _____

It is agreed to and understood as a condition of our child's education at Saint Nicholas Academy Pre-School, we will pay for the 2013/2014 school year based on our preference as indicated. We agree to enroll in ACH (automatic withdrawal) for submission of payments as checked on the back of this form. If ACH is returned, a charge of \$30.00 will be assessed. Second occurrence will result in a mandated meeting with the Director. If the ACH debit is blocked your child will not be allowed to return to St. Nicholas Academy Pre-School until the account is current. The responsible party will be liable for any unpaid balance.

It is further agreed and understood that in the event of default, if this account is turned over to an agency or attorney for collections, the undersigned agrees to pay all reasonable attorney fees and costs of collection pursuant to KRS 411.195.

Responsible Party: _____

Date: _____

AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT

It is agreed to and understood as a condition of our child's education at Saint Nicholas Academy Pre-School, we will pay for the 2013/2014 school year based on our preference as indicated. We agree to enroll in ACH (automatic withdrawal) for submission of payments as checked on the form below. If ACH is returned, a charge of \$30.00 will be assessed. Second occurrence will result in a mandated meeting with the Director. If the ACH debit is blocked or account closed your child will not be allowed to return to St. Nicholas Academy Pre-School until the account is current. The responsible party will be liable for any unpaid balance.

I, _____ hereby authorize Saint Nicholas Academy Pre-School, to initiate electronic debit entries, and if necessary, credit entries to reverse erroneous debit entries to my account(s) listed below. It is agreed that these withdrawals will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA).

- Bank Name: _____
- Checking Account Account # _____ Routing Number: _____
- Savings Account Account # _____ Routing Number: _____
- Credit Union Account # _____ Routing Number: _____
- Use same account? Yes _____ No _____

I choose to have my **PAYMENT** deducted as follows.

PAYMENT SCHEDULE

Draws are August 1st through May 1st.

(Place an X in the appropriate box below)

	Number of Payments	1 Child	X
3 YEAR OLD RATE			
Monthly (1st of Month)	10	\$275.00	
Annual	1	\$2750.00	

NOTE if any of the above dates fall on a weekend or holiday, then the withdrawal will take place the first banking day following the above date. This authority shall remain in full effect for the fiscal year beginning August 1, 2013 and ending May 1, 2014.

IMPORTANT

A VOIDED CHECK MUST BE ATTACHED FOR EACH CHECKING ACCOUNT.

A VOIDED DEPOSIT SLIP MUST BE ATTACHED FOR EACH SAVINGS ACCOUNT.

Name: _____ SS# _____
 Address: _____ Date: _____
 Name (Please Print): _____
 Responsible Party Signature: _____