SMART TUITION
Financial Solutions for Schools and Parents™

Academy of St. Francis of Assisi - 10680
400 Totowa Road
Totowa, NJ 07512

1 0 6 8 0 1 0 3 7 9 0

WHO WILL PAY TUITION?

2010 - 2011

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)

STREET ADDRESS OR P.O. BOX

APT #

CITY

STATE

ZIP CODE

HOME TELEPHONE NUMBER – –

MOBILE TELEPHONE NUMBER – –

EMAIL ADDRESS (SMART EMAILS REMINDERS FOR UPCOMING PAYMENTS)

HOW & WHEN YOU WILL PAY?

☐ PLEASE DEBIT MY ACCOUNT ON THE:

Your school only allows the following debit dates:
05, 20

PLEASE DEBIT MY ☐ CHECKING (PLEASE ATTACH A VOIDED CHECK) OR ☐ SAVINGS

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

PLEASE CHARGE MY ☐ AMEX ☐ DISCOVER ☐ MASTERCARD

CREDIT CARD NUMBER

EXPIRATION DATE /

A 2.5% convenience fee applies to all credit/debit card payments.
Smart Tuition does not accept Visa.

WHICH PAYMENT PLAN - For the 2010 - 2011 school session?

Plan A	10 Payments	Aug - May
Plan B	1 Payment	Aug

ENTER PLAN LETTER HERE

WHO IS ATTENDING THE SCHOOL?

GRADE: Choose from the following grades: PK, K, 1 - 8

*GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

OPTIONAL SCHOOL FAMILY ID:

OPTIONAL TYPE CODE:

FOR SCHOOL OFFICE USE ONLY

☐ THIS FAMILY IS ENROLLING LATE.
- ☐ SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
- ☐ COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT IDs

STUDENT 1 TUITION:	$
STUDENT 2 TUITION:	$
STUDENT 3 TUITION:	$
STUDENT 4 TUITION:	$
FAMILY TUITION SUBTOTAL	$

FEES & DISCOUNTS
If you would like help with fees and discounts please contact your account manager.

TOTAL FEES SPREAD ACROSS PLAN	+	
TOTAL FEES TO PAY IN FIRST MONTH	+	
TOTAL DISCOUNTS ACROSS PLAN	-	
FEE TO SMART TUITION	+	34.00

ANNUAL TOTAL DUE $

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may automatically re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the students above and realize that if I fail to make payment by the specified due date such inaction will result in a late fee of $10.00. I understand that Smart Tuition may contact me via email and telephone when payments are late and charge a follow up fee of $30.00. A $25.00 fee will apply for failed auto-debit.

PRIMARY BILL PAYER _____ DATE ___/___/___