To: C&E Lockbox Services 466 Old Hook Road Suite 27 Emerson, New Jersey 07630 201-265-7778
I/We are aware that the above company will be processing our tuition payments for St. Joseph School.

Please complete the application, select the method of payment and sign where indicated.

Parent / Guardian :_____

Address:_____Apartment Number_____Home Phone:_____

City:_____State:____Zip Code:_____E-Mail_____
******* E-Mail Address will be kept confidential but it is necessary for the administrative staff.**

Child's Name Grade in September

1 _____ _____

2 _____ _____

3 _____ _____

Please select method of payment and the due date:

1. **Pay in Full_____Payment Due July 1st. A bill will be sent to you in June if you choose this method.**

2. **Automatic Debit to Checking Account**. Payment Due Date **(CIRCLE ONE)**: 1st 10th 20th. The first payment will be drawn from your account in July and the final payment in April. All payments returned due to insufficient funds will be subject to a $25.00 bank fee that will be taken in the next debit attempt. In addition, a $25.00 late fee will be assessed.

(If you choose this method, please attach a blank, voided check)

Automatic Debit Authorization:
I agree to budget my tuition payments to St. Joseph School. I have chosen to have those payments automatically withdrawn from my bank account or credit card. I appoint C&E Lockbox Services as my agent and authorize C&E through its bank to establish automatic payments from my account as identified. I understand that **all payments returned due to insufficient funds will be subject to a $25.00 bank fee that will be taken in the next debit attempt. In addition, a $25.00 late fee will be assessed.**

3. **Credit Card Payment___.** Payment Due Date: **(CIRCLE ONE)** 1st 10th 20th. If you choose this option, all tuition will be drawn from your credit card. **Please be aware that a 3% convenience fee will be added to each month's charge.** The first payment will be drawn from your account in July and the final payment in April. All declined credit card transactions will result in a $25.00 late fee being added to your account.

Enter Card Info (Credit Card Plans Only):

Type_____Card #_____Exp._____

I have read the above and agree to the terms and conditions as stated.

Signature:_____Date:_____

SCHOOL USE ONLY:

Parishioner_____Non-Parishioner_____

K-8 Tuition_____Pre-K Tuition_____1st Payment Date_____

SENT C&E_____/_____ POSTED PDS_____/_____