

## Recurring Tuition Payment Authorization Form

***In registering my child/ren to attend St. Brendan School, I agree to complete my tuition obligation via the St. Brendan School Recurring E-Payment System. I agree to provide complete, accurate payment information below. I understand the account provided will be charged on the 15<sup>th</sup> of every month, from June 2025 – May 2026, broken into twelve monthly payments based on the total tuition amount due.***

- *I agree that any NSF payments are subject to a \$35 fee to cover the parish's resulting fees.*
- *I agree that should I request to delay/suspend payment at any time during the billing year, remaining payments will be increased to make up that amount to ensure all tuition is paid in full by May 15, 2026.*

I authorize regularly scheduled charges to my checking/savings account, Visa, Master Card, Discover or American Express card. ***I understand that a 3% service fee will be applied to any payments made via credit card.*** I agree that no prior notification will be provided unless the date or amount changes, in which case I will receive notice from St. Brendan at least 10 days prior to the payment being collected. I understand a receipt for each payment will be emailed to me and the charge will appear on my bank statement as an "ACH Debit" if I choose to pay from a checking or savings account.


I \_\_\_\_\_ authorize **St. Brendan Church** to charge my bank account or credit card indicated below for  
(Full Name)  
all amounts due per side 1 of this form on the 15th of each month (**June 2025 – May 2026**) for payment of my child (ren)'s  
**2025-2026 St. Brendan School Tuition:**

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Option #1 - Checking/Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



### Option #2 - Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CVV Code	_____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. Brendan Church in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that St. Brendan Church may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.  
***St. Brendan will not share your information with anyone.***