

Permission for St. Johns to enroll in FACTS Tuition Management

I authorize St. John the Evangelist School to enroll me in FACTS Tuition Management.

I authorize for FACTS Tuition Management to withdraw funds from my account on behalf of St. John the Evangelist School, A Notre Dame ACE Academy.

I have attached a voided check from the account from which I wish to have my tuition deducted from each month. I certify that I am a signer on this account and authorized to add this account for tuition collection purposes only.

I elect to have my tuition withdrawn on the following date(s):

_____ 5th of each month

_____ 20th of each month

I understand that I will be charged a fee of \$41 (subject to change) within 10 days of my tuition contract being finalized.

I understand that I will be responsible for all fees assessed if a tuition withdrawal attempt is returned for non-sufficient funds.

I agree to provide a valid email address where I will receive all notifications regarding my FACTS account.

Please print email address exactly as it should be entered.

Printed Name

Date

Signature