



5815 Falls of the Neuse Road, Raleigh, NC 27609 Ph: 919-865-5750

## ELECTRONIC TUITION PAYMENT Simple and Effective

St. Raphael Catholic School requires Electronic Tuition Payment for all families paying monthly tuition. This plan reduces our administrative costs and increases our reporting efficiency.

Your payment will be conveniently transferred on **the 5<sup>th</sup>, the 20<sup>th</sup>, or the 5<sup>th</sup> and 20<sup>th</sup> of each month** from your checking account directly to St. Raphael Catholic School. We now offer the option of a 10-month payment plan or a 12-month payment plan. Please indicate your preferences below.

A record of each payment will appear on your monthly bank statement. If you have any questions regarding this payment, please call the School at 919-865-5750, ext. 753. All transfers originating as ACH transactions from members' accounts comply with U.S. Law.

Here's how to enroll...

- Use the form below to indicate the amount to be transferred each month from your checking account. Indicate amount here and keep for your records: \$ \_\_\_\_\_  10 months  12 months  
 5<sup>th</sup> only  20<sup>th</sup> only  5<sup>th</sup> & 20<sup>th</sup>
- Be sure to **sign your name and indicate date**.
- Return the completed enrollment form to the St. Raphael Catholic School. **Please include a voided check.**

***St. Raphael Catholic School***  
***5815 Falls of the Neuse Road, Raleigh, NC 27609***

Please transfer my monthly payment amount from my checking account.

***Please Print***

- 10 months (June – March)  
 12 months (June – May)

Payment Amount \$ \_\_\_\_\_

- 5<sup>th</sup> only       20<sup>th</sup> only       5<sup>th</sup> & 20<sup>th</sup>

I have included a voided check. I understand that my payments will be transferred directly from my account as specified above.

A record of my payments will appear on my bank statement. If I have any questions regarding this payment, I may call St. Raphael Catholic School at 919-865-5750. All transfers originating as ACH transactions from members' accounts comply with U.S. Law.

Your Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

<p><i>Office Use Only: School Reference # _____ Client ID# A37 EFT ID # _____</i></p>
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