

St. John's Lutheran School
12809 St. Rt. 736
Marysville, OH 43040

Office Use Only

Payment Plan Created _____
Payment Plan Amount \$ _____
Admin Fee Paid _____
Initials _____

Please Enter Family Information:

2019-20

Parent/Guardian Name: _____

Parent/Guardian Name: _____

(Name of additional authorized Party—optional)

Street Address: _____ Apt.# _____

City: _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

E-mail Address _____

Payment Method

I/We agree to make all payments by the 9th of each month (mail, web, etc.)

Please debit by : Checking (Please attach a **VOIDED** Check) Savings Credit Card

9 Digit Routing # _____

Bank Account # _____

Bank Name _____

Please charge my Credit Card # AMEX MASTERCARD VISA DISCOVER

Card # _____

Exp. Date _____ CSV # _____

(Please note credit card payments will be assessed a 3% convenience charge)

Please Read and Sign-

I/We have read and agree to the terms and conditions of this document. I agree to pay the amount established by St. John's Lutheran School for the above student(s). I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, such action will result in a late fee.

Parent/Guardian Signature _____ Date _____