

**RE/Confirmation Payments 2022-23**

- Option 1: Pay in full upon registration (prior to June 30, 2022) and receive a \$25.00 family discount.
- Option 2: Make payments through your checking or savings account or credit card. Payments can be made in six or ten month increments on the 1<sup>st</sup> or the 15<sup>th</sup> of each month. *(You can choose when payments will begin.)*

**Payment Authorization Form**

**Corpus Christi Catholic Church**

Effective date of Authorization _____		
Last Name	First Name	
Street Address		
City	State Zip	
<b>Date to begin Payment:</b> ____ / ____ / ____ Payments will be deducted Between 5/1/22 and 4/1/23	<b>Payment to be made on:</b> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Payment in Full	<b>Funds and Amounts:</b> Total Payment due: \$ _____ Total number of Payments 6 10 Amount of each Payment: \$ _____
<b>SAVINGS/CHECKING</b>	Please debit my RE/YM tuition from my: (Check one) Savings Account <input type="checkbox"/> (Contact your Bank for Routing #)  Checking Account <input type="checkbox"/> (attach a voided check)	
	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2 or 3</i>  Account Number: _____	
<b>CREDIT CARD</b>	I authorize Corpus Christi Catholic Church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization or until the above noted time frame expires. Authorized Signature _____ Date _____	
	Please charge my payment to (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Am Ex Credit Card Number: _____ Expiration Date: _____ / _____  Name on card: _____  I authorize Corpus Christi Catholic Church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization or until the above noted time frame expires. Authorized Signature _____ Date _____	

