

RE/Confirmation Payments 2023-24

- Option 1:** Pay in full upon registration (prior to June 30, 2023) 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 1st or the 15th 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 _____
Date to begin Payment: ____/____/____ Payments will be deducted Between 5/1/23 and 4/1/24	Payment to be made on: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Payment in Full	Funds and Amounts: Total Payment due: \$ _____ Total number of Payments 6 10 Amount of each Payment: \$ _____
SAVINGS/CHECKING	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: _____
	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 _____	
CREDIT CARD	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 _____	

