

Student Last Name:

Student First Name:

Class: AM or PM

St. Patrick Preschool of Gretna

2026-2027 School Year: Payment Authorization Form

First and Last Names of BOTH Parents	
Registration Status of Parents Are parents <i>Registered Parishioners</i> of St. Patrick? ☐ Yes ☐ No OR Registered as <i>School Only</i> ? ☐ Yes ☐ No If parents are <i>Registered Parishioners</i> , provide Envelope # _____ Admin Use Only (for <i>School Only</i>): Env. # _____	
Name on Account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	Account Holder's Email Address
I authorize the following: ☐ New Payment from Account Specified Below <i>(Choose either bank <u>or</u> credit card. One account only, please) OR</i> ☐ To receive 3% discount on TUITION ONLY (not including Activity Fees), payment must be made <u>in full</u> with a CHECK (not a credit card) for Preschool Tuition: (Ck # _____ / Total Tuition \$ _____ + Activity Fees \$ _____ = \$ _____)	

Account Information		
<i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>		
Bank Account Information	Credit Card Information	
Bank Name	Credit Card Type	
Account Type ☐ Checking <i>(please attach voided check)</i> ☐ Savings <i>(please attach savings deposit slip)</i>	☐ MasterCard ☐ Visa ☐ American Express ☐ Discover ☐ Other <i>(provide type below)</i> _____	
Routing Number (a 9-digit number on lower left corner of your check)	Credit Card Number	
Account Number	Credit Card Expiration Date (Month/Day/Year)	CVV Card Code
Authorization Effective Date (Month/Day/Year)	Authorization Effective Date (Month/Day/Year)	

Contribution Schedule					
Fund Type (e.g., Sunday Offering, Easter, etc.) See reverse side of this sheet for Special Collection dates.	Payment Schedule	Amount	Payment Start Date	Collection Date (Date for withdrawal from your account)	Down Payment (if applicable)
Preschool Tuition	☐ Weekly ☐ 2x/Month ☐ Monthly	\$	09/__/2026	Must Pick 1st or 15th of the Month	\$
Preschool Activity Fee	☐ One Time	\$	10/15/2026		\$
	☐ Weekly ☐ 2x/Month ☐ Monthly ☐ 2x/Year ☐ Quarterly ☐ Yearly ☐ One Time	\$			\$
	☐ Weekly ☐ 2x/Month ☐ Monthly ☐ 2x/Year ☐ Quarterly ☐ Yearly ☐ One Time	\$			\$

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized Account Signature: _____

Date: _____

Please note!!! Bank or credit cards must not expire before May of 2027.