



**Automatic Payment Plan Enrollment Form**  
*Please complete a separate form for each tuition account*

Family Information (required)

Parents' Name(s): \_\_\_\_\_

Student's Name: \_\_\_\_\_

**Please utilize the following bank account to withdraw monthly or semi-monthly tuition/fee payments:**

Name on Bank Account: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Nine-Digit Routing Number

Bank Account Number (Number of digits may vary)

Checking Account

Savings Account

Withdraw on the 1<sup>st</sup> of the Month\*\*

Withdraw on the 20<sup>th</sup> of the Month\*\*

Withdraw on the 1<sup>st</sup> and 20<sup>th</sup> of each Month\*\*

\*\*Withdrawals for the monthly payment plan begin in July, prior to the start of the school year, and will continue until the tuition account is paid-in-full.

I (we) hereby authorize Lake Catholic High School, Mentor Ohio, to initiate the withdrawal of payments electronically from the bank account listed above. I understand that Lake Catholic's failure to process any ACH payment does not relieve me of my payment obligations. I also understand that this automatic withdrawal will continue until I provide instructions to stop it or change it or my child graduates or leaves Lake Catholic and/or we have completely satisfied all tuition/fee obligations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

*Please attach a VOIDED check for the account listed above and return this complete form to the Business Office at LCBS.*