

Payment Authorization & Consent Form

Parents or Legal Guardians financially responsible for the student(s) should read this agreement carefully.
Please complete this form in full, date and sign below and return to the School by **March 18th, 2020**.

SECTION A – STUDENT(S)

First Name	Last Name	Grade (2020-2021)

SECTION B – PARENT(S)/LEGAL GUARDIAN(S)

	First Parent/Legal Guardian	Second Parent/Legal Guardian
First Name		
Last Name		
Street Address		
City/Province/ Postal Code		
Phone Number(s)	Home: Work: Cell:	Home: Work: Cell:
Email		
Occupation		
Parish/Church		
Student(s) Lives With		

SECTION C – TUITION PAYMENT INFORMATION

(TUITION RATES ARE SUBJECT TO CHANGE IN SUBSEQUENT YEARS)

Tuition Rates 2020-2021 – INCLUSIVE OF MANDATORY CLASS FEES

	1 st Child	2 nd Child	3 rd Child	4 th Child	5 th Child
K to 12	\$9,550	\$9,550	\$4,775	\$4,775	\$0

****Please check below if your Employer pays for tuition**

_____ Employer Paid Tuition Rate: \$16,250 per student (INCLUSIVE OF MANDATORY CLASS FEES)

Registration Deposit

A \$1,000 non-refundable registration deposit per child is due on March 18th, 2020. Families who are applying to the Bursary Program are required to submit a \$100 non-refundable registration deposit per child.

Select Payment Option

_____ Option #1: Full payment due June 1st, 2020. Payment equal to full tuition less registration deposit. **(Post-dated cheque required at registration)**

_____ Option #2: Two payments – due June 1st, 2020 and October 1st, 2020. Each payment equal to half of annual tuition less registration deposit **(Post-dated cheques required at registration)**

_____ Option #3: Ten monthly payments commencing June 1st, 2020 through March 1st, 2021 via direct deposit. Each payment equal to one tenth of annual tuition less registration deposit. **(Complete the Pre-Authorized Debit (PAD) agreement on reverse side.)**

_____ Option #4: Twelve monthly payments commencing June 1st, 2020 through May 1st, 2021 via direct deposit. Each payment equal to one twelfth of annual tuition less registration deposit. **(Complete the Pre-Authorized Debit (PAD) agreement on reverse side.)**

Registration is not considered complete until a tuition payment option has been selected.

Alternate options may only be considered at the discretion of the President.

SECTION D – CONSENT AND SIGNATURE

- I hereby register my child(ren) to attend St. Bonaventure's College
- I understand that all students are required to take religious education courses and attend all school-sponsored religious events
- I consent to receive email communication from St. Bonaventure's College and understand I can unsubscribe anytime by contacting the school or by clicking the unsubscribe button in ConstantContact emails.
- I give St. Bonaventure's College permission to use my child's photo. I understand that these images may be used in print publications, advertisements, and online for St. Bonaventure's College. My child's full name will not accompany their photo.
- I am familiar with all school policies and will respect and adhere to them
- I agree to pay tuition in accordance with the payment option selected above
- I understand that interest of 1.5% per month may be charged on overdue balances
- I understand I will be charged a \$25 fee for any NSF payments of any type
- I understand this registration will only be considered complete if all required information has been completed, the signed PAD or post-dated cheque(s) (option 1 & 2) have been provided and the non-refundable registration deposit for each child has been included
- I understand that if I choose to withdraw my child(ren) after the June payment, all payments up to and including the month of withdrawal are non-refundable, based on the 10-month payment schedule.

DATE: _____

SIGNATURE: _____

SEE REVERSE FOR PAD AGREEMENT (IF REQUIRED)

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS
FOR PERSONAL PAD**

**All information submitted on this form is for school use only and
will not be distributed to any third party**

I/we authorize St. Bonaventure's College Inc. and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our St. Bonaventure's College account. Regular monthly payments will be debited to my/our account on the 1st day of each month, unless otherwise indicated, in writing. St. Bonaventure's College will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until St. Bonaventure's College Inc. has received the full balance due or until it has received written notification from me/us of its change or termination. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged. This notification must be received at least five (5) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Account Holder Name(s) : _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Financial Institution (FI): _____ **Same info as previous year** (skip ahead to *Payment Schedule*)

FI Account Number: _____ FI Transit Number: _____ FI Bank ID: _____
(branch - 5 digits) (3 digits)

FI Street Address: _____

City: _____ Province: _____ Postal Code: _____:

(New PAD Payors MUST include a void cheque with this form)

Payment Schedule:

- 10 month payment plan, beginning June 1st, 2020 and ending March 1st, 2021
- 12 month payment plan, beginning June 1st, 2020 and ending May 1st, 2021

Monthly payment amount: _____
(see table below for calculation)

AUTHORIZED SIGNATURE(S): _____

for any questions, please contact:

ST. BONAVENTURE'S COLLEGE INC.
Shelley Martin, CPA, CA, Chief Financial Officer
2A Bonaventure Avenue
St. John's, NL A1C 6B3
Tel: (709) 726-0024 ext 202
Email: smartin@stbons.ca

WORKCHART FOR CALCULATING MONTHLY PAYMENT:

10-MONTH PAYMENT OPTION

12-MONTH PAYMENT OPTION

- | | |
|---|---|
| A. Annual Tuition: _____ (A) | A. Annual Tuition: _____ (A) |
| B. Less Deposit: _____ (B) | B. Less Deposit: _____ (B) |
| C. Net Tuition Due: _____ (C) = (A-B) | C. Net Tuition Due: _____ (C) = (A-B) |
| D. Amount from C divided by 10 _____ (D) = (C/10) | D. Amount from C divided by 12 _____ (D) = (C/12) |