

**SALEM CHRISTIAN ACADEMY
Payment Preference Form – Returning Student**

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STUDENT(S) NAME: _____

Return this form to the school office with your complete registration packet. You may pick up the appropriate FACTS enrollment form in the school office. All Families Must Pay Through The FACTS Program.

Please check the payment plan and method you intend to use for the 2010-1011 school year:

PAYMENT PLAN & METHODS THROUGH FACTS.

_____ **Annual Payment Plan** (payment in full) due **Thursday, August 5, 2010** (\$10 fee)
Receive 5% discount if paid in full by this date.

_____ **10 Monthly Payment Plan** beginning in **August, 2010**

Monthly Payment Method:

_____ **Automatic Bank Payments** through your checking or savings account can be made on either the 5th or 20th of the month. (**\$41 annual Enrollment fee**).

_____ **Automatic payment through your credit card (Discover/ MasterCard/Amex.)** can be made on either the 5th or 20th of each month. In addition to the **\$41 annual enrollment fee**, a 2.5% convenience fee will be added to your payment.

I agree to make tuition payments for the 2010-2011 school year according to the option I have selected above.

Primary Tuition Payer

Date

Additional Authorized Tuition Payer: _____

**RETURN THIS FORM TO THE SCHOOL OFFICE WITH YOUR COMPLETE
REGISTRATION PACKET.**

White – Finance

Yellow - Parent