



SMART TUITION
Financial Solutions for Schools and Parents

ST. EPHREM'S SCHOOL - 01905
7415 FORT HAMILTON PARKWAY
BROOKLYN, NY 11228

0 1 9 0 5 1 5 1 8 0 8

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER	LAST NAME OF PARENT/GUARDIAN/BILL PAYER	2015-2016
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY	*LAST NAME OF ADDITIONAL AUTHORIZED PARTY	
STREET ADDRESS OR P.O. BOX		APT#
CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	
EMAIL ADDRESS (Smart emails reminders for upcoming payments)		

SELECT A PAYMENT METHOD

I agree to make payments by mail, web or telephone. I agree to the following due date: **10** Your school allows the following due date: 10

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: **10** Your school allows the following due date: 10

PLEASE DEBIT MY: CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

9 DIGIT ROUTING NUMBER: _____ BANK ACCOUNT NUMBER: _____

PLEASE CHARGE MY: AMEX DISCOVER MASTERCARD VISA

CREDIT CARD NUMBER: _____ EXPIRATION DATE: ____/____

A 2.65% convenience fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan M 10 Payments Jul - Apr

ENTER PLAN LETTER HERE

M

ENTER STUDENT INFORMATION

Choose from the following grades: EN, N2, N3, N5, PKH, PKF, K, 1 - 8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

*OPTIONAL SCHOOL FAMILY ID: _____ *OPTIONAL TYPE CODE: _____

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$45.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER _____ DATE ____/____/____

FOR SCHOOL OFFICE USE ONLY

- THIS FAMILY IS ENROLLING LATE:
 - SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
 - COLLECT BALANCE IN FIRST MONTH
- *OPTIONAL STUDENT ID

STUDENT TUITION 1	\$			
STUDENT TUITION 2	\$			
STUDENT TUITION 3	\$			
STUDENT TUITION 4	\$			
FAMILY TUITION SUBTOTAL	\$			

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE + **50.00**

ANNUAL TOTAL DUE \$ _____