(Attach voided check here)

FACTS

Agreement No.

Automatic Tuition Payment Agreement

1. INSTITUTION INFORMATION

Institution Name **SAINT THOMAS CHRISTIAN COLLEGE**

Please select one semester: ❑ **Spring - 00205** ❑ **Fall - 00206**

Student's Social Security # ___ - ___ - ____

Student's Name (Last Name / First Name)

Student's Day Phone (Area Code) ___ - ___ - ____

Student's Evening Phone (Area Code) ___ - ___ - ____

Student's E-mail Address

2. PERSONAL INFORMATION (To be completed by person responsible for making payments.)

Name (First Name / Last Name)

Social Security # ___ - ___ - ____

Address

Date of Birth ___ - ___ - ____

City

State

Zip

Married ❑ Non-Married ❑

Daytime Phone (Area Code) ___ - ___ - ____

Evening Phone (Area Code) ___ - ___ - ____

E-mail Address

3. PAYMENT INFORMATION

A. BANK PAYMENT INFORMATION ONLY

Payments should be made from: *(Select one)*

❑ Checking Account OR ❑ Savings Account*

(*NOTE: *Savings account cannot be a passbook type.*)
If an account is not selected, checking account will be used.

Bank Name

City

State Zip Phone (Area Code) ___ - ___ - ____

Bank Routing #
(To be completed by FACTS)

(Account number to be debited for monthly payments and FACTS enrollment fee.)

-OR-

B. CREDIT CARD PAYMENT INFORMATION ONLY

Type: ❑ VISA ❑ MasterCard

(DO NOT use Debit/ATM or Check Card)

Credit Card Number

Expiration Date (Month / Year)

PLEASE ATTACH VOIDED CHECK

(NOTE: FACTS cannot guarantee that automatic bank payments will be processed accurately unless a voided check, copy of a voided check, OR accurate savings account number is attached.)

4. AUTOMATIC MONTHLY PAYMENT PLAN

Total Balance Due $ ___,___.__

Month of First Payment

Number of Payments

Amount of Each Payment $ ___,___.__

Payments will be processed on the 5th of the month. Should the payments be missed, a reattempt will occur on the 20th and a missed payment fee will be assessed to your account.

(X) _____
Payer's Signature Required Month Day Year
(Payer's signature must match with name listed in Section 2 of the agreement form and be an authorized signer on the account provided in Section 3.)

(X) _____
Student's Signature Month Day Year

FACTS TERMS AND CONDITIONS ARE ON THE REVERSE SIDE OF THIS AGREEMENT FORM

PLEASE RETURN DIRECTLY TO THE SAINT THOMAS CHRISTIAN COLLEGE BUSINESS OFFICE,
1250 EAST 8TH ST., JACKSONVILLE, FL 32206
30 DAYS BEFORE THE FIRST PAYMENT DATE • FACTS (800) 609-8056

- Your Monthly Payment will be $75.00
- Your Down Payment Will be $227.00
- Your Cost total Cost will be the Program Cost