

St. Elizabeth Parish
2 E. 75th Street
Kansas City, MO 64114

Electronic Payment Authorization for School Accounts – 2020-2021

Name _____
Address _____ Phone _____

_____ New Authorization
_____ Change Amount
_____ Change Date
_____ Change Banking Information
_____ Discontinue Electronic Payment Signature _____

Payment for School Accounts thru Sycamore/PayJunction

K-8 Tuition \$ _____ Monthly- Aug-Sept-Oct-Nov-Dec-Jan-Feb-Mar-Apr-May
Funds transfer on the 1st day of each month August 1, 2020 – May 1, 2021

PS/PK Tuition \$ _____ Monthly – Sept–Oct–Nov–Dec–Jan–Feb–Mar–Apr–May
Funds transfer on the 1st day of each month September 1, 2020 – May, 1 2021

Registration Fees \$ _____ Monthly –Jun-Jul-Aug-Sep-Oct-Nov-Dec-Jan-Feb-Mar
Funds transfer on the 1st day of each month June, 2020 – March, 2021.

Adjusted Tuition \$ _____ Quarterly
Funds transfer on Aug. 1, 2020; Nov. 1, 2020; Feb. 1, 2021 and May 1, 2021
 Adjusted Tuition \$ _____ Monthly – Jun-Jul-Aug-Sep-Oct-Nov-Dec-Jan-Feb-Mar
Funds transfer on the 1st day of each month June, 2020 – March, 2021

Extended Care – Must be submitted on separate form with registration form.

Please process payments using the account specified below:

Checking Account # _____ Credit Card Type & Acct. # _____
Routing # _____ Security Code _____ Exp. Date _____
Name on Account _____ Name on Card _____

*Attach a voided check unless this is the same account from the previous school year.

Note: You will incur a 3% convenience fee when using a credit/debit card.

These e-checks & credit card payments are processed through Sycamore/PayJunction.

I authorize St. Elizabeth Parish to electronically process payments from the account specified above. This authority will remain in effect for the 20-21 school year. *A new authorization form must be submitted each school year.*
Authorized signature on my account: _____ Date: _____

Please complete this form and upload in the Admissions portal.