## LANCASTER MENNONITE SCHOOL Tuition Payment Plans 2018-2019



Please complete all three sections of the form and return to: LMS Business Office

Attention: Erma Shultz 2176 Lincoln Highway East Lancaster, PA 17602 shultzej@lancastermennonite.org

## PART I - Please print

Parent/Guardian (full name)	Address	Home/Cell phone	Work phone	
raient/Guarulan (full hame)	Address	riome/cell prione	work priorie	
Parent/Guardian (full name)	Address	Home/Cell phone	Work phone	
Student Name	Birth Date	Grade Entering		
Student Name Birth Date		Grade E	Grade Entering	
Student Name	Birth Date	Grade E	intering	
Student Name	Birth Date	Grade Entering		
*******	*********	******	******	
PART II - Payment Plan Options				
A. Pay in full by June 10	Check Credit Card			
	Choose your o	date of withdrawal:		
P. Monthly AutoDay from Jun	Ţ	the month	35th of the month	
B. Monthly AutoPay from June	-	the month	25° Of the month	
Bank Information (MUST be cor	mpleted for AutoPay option)			
Bank Name	Accou	unt type: Checking	Savings	
Bank routing number (ABA#)	Bank account number	Bank pho	Bank phone number	
	O <sup>th</sup> of the month from June 2018 to M 68.00 annual service fee, per student, will		t)	
	of the month from June 2018 to May 2 to authorize a credit card payment or use ocessing fees will be applied.		n on LMS website a	
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PART III – Parent/Guardian Signat	tures			
Parent/Guardian		<del></del>		
	Buto			
Parent/Guardian				