## LANCASTER MENNONITE SCHOOL Tuition Payment Plans 2019-2020



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

D 1/6     (6     )					
Parent/Guardian (full name)	Address		Home/Cell phone	Work phone	
Parent/Guardian (full name)	Address		Home/Cell phone	Work phone	
Student Name		Birth Date	Grade I	Entering	
Student Name		Birth Date	Grade I	Entering	
Student Name		Birth Date	Grade I	Entering	
Student Name	dent Name		Grade I	Grade Entering	
**********	*******	*******	*******	******	
PART II – Payment Plan Options					
A. Pay in full by June 10	Check Credit	Card			
			te of withdrawal:		
D. Monthly AutoDay from 1		-	ne month	25th of the mouth	
B. Monthly AutoPay from Ju	•		ie month	25" Of the month	
<b>Bank Information</b> (MUST be	completed for AutoPay option	,			
Bank Name		Accoun	t type: Checking	g Savings	
Bank routing number (ABA#)	Bank account number		Bank pho	Bank phone number	
C. Personal Check – due the (Coupon book will be mailed)				nt)	
D. Credit Card – due the 10 Please contact the business offic www.lancastermennonite.org.	ce to authorize a credit card p	payment or use the		n on LMS website a	
Your annual invoice will be mailed to	you the end of May.				
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PART III - Parent/Guardian Sign	natures				
Parent/Guardian		Date			
Parent/Guardian		Date			