

2018-2019 Parish School of Religion

Payment Plan Agreement

By signing this Agreement I am aware of my outstanding PSR fees of \$ _____ after making a \$ _____ deposit with Saint Raphael Parish as of _____.

By signing this Agreement I agree to pay my outstanding PSR Fee according to the following terms:

1. I will make monthly payments of at least \$ _____. Payments are due on the following dates, November 26, January 28, March 25, and April 22. Payments need to be made until all fees have been paid.
2. Please make payments payable to Saint Raphael Parish and mailed/dropped off at: Saint Raphael Parish, PSR Payment, 525 Dover Center Road, Bay Village, Ohio 44140.
3. It is my responsibility to notify the Parish Office of any address, phone, name, or e-mail changes. Notifications of such changes should be provided to the Parish Office staff.
4. I may make additional payments beyond the agreed monthly payment at any time; however, I am still responsible for continuing to make the minimum monthly payments.
5. Payments can be made with cash or check.

Family Name: _____ Date: _____
Parent Name: _____ Parent Signature: _____
Phone Number: _____ E-mail Address: _____
Address: _____

****Please Return this Form to the Parish Office with your Deposit****

Payment Schedule (Office Use Only)

| | |
|---|--|
| November 26: Check # _____ Cash _____ Amount _____ | January 28: Check # _____ Cash _____ Amount _____ |
| March 25: Check # _____ Cash _____ Amount _____ | April 22: Check # _____ Cash _____ Amount _____ |

