

Holy Family Catholic High School

2011-2012 BUS CONTRACT

Morning Bus Route: Eden Prairie, Excelsior, and Shorewood

Bus runs a morning route only.

Bus Fee

First student in family	\$600.00
Each additional student in family	<u>\$300.00</u>
Total Family Fee	\$ _____

Payment Schedule

_____ One Payment	September 1, 2011
_____ Two Payments	September 1, 2011 and January 1, 2012
_____ Three Payments	September 1, 2011, November 1, 2011, and March 1, 2012
_____ Nine Payments *	September 1, 2011 through May 1, 2012

**ACH payment method required.*

Please complete ACH Authorization Form on reverse side.

Please select your preferred stop

- Eden Prairie - Pax Christi on Pioneer Trail, east of Flying Cloud Drive
- Eden Prairie - Kowalski's Market at the northwest corner of Co. Rd 4 and Hwy 5
- Excelsior - Post Office on 2nd Street, near Mill Street & Hwy 7
- Shorewood - Cub Foods at Hwy 41 & Hwy 7

Student Name

Grade

Student Name

Grade

Parent or Guardian Signature

Date

Address

City

State

Zip

Families who submit the bus contract by August 25th will be guaranteed busing.
Return to Holy Family's Business Office, 8101 Kochia Lane, Victoria, MN 55386

**Holy Family Catholic High School
ACH Payment Agreement Form
Bus Transportation Fees**

Please retain this part of the form for your records

I hereby authorize **Holy Family Catholic High School**
8101 Kochia Lane
Victoria, MN 55386

to initiate electronic entries to my checking/savings account and agree to the terms listed on the ACH Payment Agreement Form.

Monthly payment amount: \$ _____

After processing this application, Holy Family Catholic High School will initiate withdrawals on the first of each month. Should payment amount change, I understand that HFCHS will contact me.

-----*(Cut Here)*-----

Return this part of form with voided check to the school office. Allow one month for processing.

Mail to: Holy Family Catholic High School
8101 Kochia Lane
Victoria, MN 55386

AUTHORIZATION FOR AUTOMATIC PAYMENT OF BUS TRANSPORTATION FEES

I hereby authorize Holy Family Catholic High School and the financial institution named below, to initiate entries in the amount of \$ _____ to my checking/savings account, for payment of contracted bus fees.

Such authority will remain in effect until I submit a written request to Holy Family Catholic High School to cancel it, in such time as to afford the financial institution a reasonable opportunity to act on my request. I can stop payment of any entry by notifying my financial institution three days prior to my account being charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever comes first.

KleinBank
1630 Arboretum Blvd
Victoria, MN 55386

Per the terms of the Holy Family Catholic High School Bus Contract:

- Transfers denied due to insufficient funds or to cancellation will be charged a \$25 NSF fee.

Signature

Date

Name *(Please Print)*

Address *(Please Print)*

Select one:

Checking Account No.

and

Financial Institution Routing No.
(9-digit number at bottom left of check)

Savings Account No.

and

Financial Institution Routing No.
(9-digit number at bottom left of check)