



SMART TUITION
Financial Solutions for Schools and Parents

Canisius High School - 10632
1180 Delaware Ave
Buffalo, NY 14029

1 0 6 3 2 1 8 1 8 0

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER										LAST NAME OF PARENT/GUARDIAN/BILL PAYER										2018 - 2019			
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY										*LAST NAME OF ADDITIONAL AUTHORIZED PARTY													
STREET ADDRESS OR P.O. BOX																		APT#					
CITY										STATE		ZIP CODE											
HOME TELEPHONE NUMBER						MOBILE TELEPHONE NUMBER																	
EMAIL ADDRESS (Smart emails reminders for upcoming payments)																							



SELECT A PAYMENT METHOD

I agree to make payments by mail, web or telephone. I agree to the following due date: 01 Your school allows the following due date: 1

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: Your school allows the following due date: 1, 15, 20

PLEASE DEBIT MY: CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

9 DIGIT ROUTING NUMBER: BANK ACCOUNT NUMBER:

SELECT A PAYMENT PLAN

Plan A	1 Payment	Jul	ENTER PLAN LETTER HERE <input type="checkbox"/>
Plan C	4 Payments	Jul, Sep, Nov, Feb	
Plan B	10 Payments	Jul - Apr	

ENTER STUDENT INFORMATION

Choose from the following grades: 9 - 12

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*OPTIONAL SCHOOL FAMILY ID: *OPTIONAL TYPE CODE:

FOR SCHOOL OFFICE USE ONLY

THIS FAMILY IS ENROLLING LATE:
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
 COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID:

<input type="checkbox"/>	STUDENT TUITION 1	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STUDENT TUITION 2	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STUDENT TUITION 3	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STUDENT TUITION 4	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY TUITION SUBTOTAL		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$45.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER: _____ DATE: / /

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE + 40 00

ANNUAL TOTAL DUE \$