



Please mail this form by August 1, 2008

Seattle Area German American School
Attn: Treasurer
5031 University Way NE
Seattle, WA 98105

The Seattle Area German American School is pleased to offer two ways of paying your child's tuition for the 2008-09 year. Please choose one of the two options below available through PaySimple.

Auto-Recurring Tuition Payment

You authorize tuition payment on the 1st day of each month (September – June). You will receive an automatically generated email reminder in advance of the payment and the payment will be automatically deducted from your designated checking or savings account on the 1st day of the month. You will be sent an email receipt for the payment.

To take advantage of this service, complete the authorization form on the reverse side.

Monthly Email Invoice and Payment Online

You will receive an automatically generated invoice for the amount of your child(ren)'s tuition from September through June. You will be directed to a secure payment gateway to pay directly from your checking or savings account and will be sent an email receipt for your payment.

(Optional) Scholarship Fund contribution

I wish to contribute an additional \$5.00 per month (September-June) to the SAGA School Scholarship fund. SAGA School is a 501c3 organization and all donations are tax deductible to the extent allowable by the law.

Child Name _____ Tuition Amount _____

Child Name _____ Tuition Amount _____

Parent Name _____

Billing Address _____

Email _____

Tuition Rates

Preschool TuTh (2 days) = \$335

Preschool MWF (3 days) = \$435

Preschool M-F (5 days) = \$635

Kindergarten M-F (5 days) = \$750

Sibling Discount

A 10% sibling discount applies to the younger child.

Enrollment Fee

For children who are reenrolling for the 2008-09 school year, the enrollment fee will be credited to June 2009 tuition.

I _____ authorize the Seattle Area German American School to debit my
(Parent name)
account in the amount of \$_____ for payment of my child(ren)'s tuition and scholarship fund
donation (if applicable) on the 1st day of each month from September 2008 through June 2009.

Account Type Checking Saving

Bank Name _____

Banking Routing Number _____

Account Number _____

City/State _____

Signature _____ Date _____

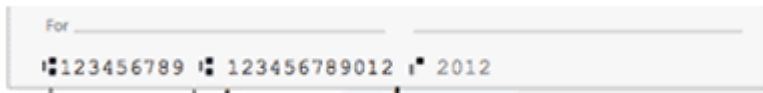
I agree to notify the SAGA School of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with provisions of US law. I understand that cancellations must be made in writing and I will not dispute merchant recurrent billing with my bank, so long as the amount corresponds to the terms indicated in this contract.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization or June 30, 2009, whichever is sooner.

Seattle Area German American School

Email: treasurer@sagaschool.org

Website: www.sagaschool.org



9 Digit Routing # Bank Account #

If you are unsure of your account's routing number, please contact your bank.