ISMET/OIA Monthly Tuition Transfer Authorization Form

Muslim Educational Trust Phone: (503) 579-6621 Fax: (503) 590-0201

I hereby authorize the Muslim Educational Trust (MET) to perform the following transfer:

FROM: (Please include a signed voided check with amount of transfer shown)			
Bank Account of:			(name of account holder)
Name of Bank/Financial Institution:			
Debit Deposit Account #: R			RT/Routing #:
Type of Account (please check one): Checking Savings			
TO: Muslim Educational Trust (MET) Bank Account: Name of Bank/Retail Center: <u>US BANK SW 4th AND HARRISON BRANCH</u> Credit Deposit Account #: <u>153-603-717197</u> RT/Routing #: <u>123-000-220</u>			
STUDENT NAME(S):			
STUDENT GRADE(S):			
TUITION TRANSFER Request:			
Monthly Tuition*:		\$	(see tuition scale below)
Curriculum & Facility U	lse Fees:	\$	(\$400 per student per year)
Testing Fees**:		\$	(see testing fees below)
After-School Child Care):	\$	(check handbook for monthly rates)
TOTAL to pay per mon	th:	\$	
*Monthly Tuition: Preschool: \$800 / Kindergarten: \$875 / Grades 1-5: \$975 / Grades 6-8: \$1,000 / Grades 9-12: \$1,025 Please note \$25 discount per additional sibling excluding Preschool; refer to handbook for details.			
(not including AP Exams)			
Total Amount to be Transferred MONTHLY: \$ STARTING MONTH:			
TIMING OF TRANSFER: Please Please note that Tuition (thru) o 1 st of the month o 5 th of the month		•	to make your monthly tuition transfer: business days of the month. 10 th of the month 15 th of the month
SIGNED AUTHORIZATION:			
Name:	me: (please print)		
Signature:	ature: Todav's date:		