



ISMET/OIA MONTHLY TUITION TRANSFER
AUTHORIZATION FOR THE MUSLIM EDUCATIONAL TRUST (MET)

Phone: (503) 579-6621
Fax: (503) 590-0201

I hereby authorize 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 #: _____

RT/Routing #: _____

TO: Muslim Educational Trust (MET) Bank Account:

Name of Bank/Retail Center: US BANK SW 4th AND HARRISON BRANCH

Credit Deposit Account #: 153-603-717197

RT/Routing #: 123-000-220

TUITION TRANSFER Request:

Monthly Tuition*: \$ _____

Book & Facility Use Fees**: \$ _____

Testing Fees***: \$ _____

After-School Child Care****: \$ _____

TOTAL to pay per month: \$ _____

Student Name(s): _____
Grade(s): _____

*Monthly Tuition: PK: \$675 / Grades KG-5: \$775 / Grades 6-8: \$800 / Grades 9-12" \$825
Please note \$25 discount per additional sibling excluding Preschool; refer to handbook for details.

**Annual Book & Facility Use Fees: \$400 per student

***Annual Testing Fees: \$50 per student (Grades KG, 1, 2); \$60 per student (Grades 3, 5, 8)
(not including AP Exams) \$25 (Grade 10); \$85 (Grade 11)

\$20 (Grades 6, 7, 8) - Valley Catholic Tournament

****Monthly After-School Child Care: Please consult the handbook for monthly rates.

Total amount to be transferred per month: \$ _____

Timing of Transfer: Transfer should be made (please circle one and fill out the required information):

• Monthly: 1st transfer date (mm/dd/yy): _____ 2nd transfer date (mm/dd/yy): _____
(Date of 31 indicates the last day of the month)

• Annually: Transfer date (mm/dd/yy): _____

Start date (mm/dd/yy): _____ End date* (mm/dd/yy): _____

*Note: If End date is not indicated, authorization remains in effect until canceled in writing.

Signed Authorization:

Name: _____ (please print)

Signature: _____ Today's date: _____