

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 cl	heck with ar	mount of transfer shown)	
Bank Account of:		(name of account holder)	
Name of Bank/Financial Institution	on:		
Debit Deposit Account #:		RT/Routing #:	
TO: Muslim Educational Trust (MET) Ban	k Account:		
Name of Bank/Retail Center: US	BANK SW 4	th AND HARRISON BRANCH	
Credit Deposit Account #: 153-60	3-717197	RT/Routing #: 123-000-220	
STUDENT NAME(S):			
STUDENT GRADE(S):			
TUITION TRANSFER Request:			
Monthly Tuition*:	\$	(see tuition scale below)	
Curriculum & Facility Use 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 month:	\$		
		5 / Grades 1-5: \$875 / Grades 6-8: \$900 / Grades 9-12: \$925 ing Preschool; refer to handbook for details.	
**Annual Testing Fees: \$50 per student (Grades KG, 1, 2); \$60 per student (Grades 3, 5, 8) \$25 (Grade 10); \$85 (Grade 11) \$20 (Grades 6, 7, 8) – Valley Catholic Tournament			
Total Amount to be Transferred MONTH	ILY: \$		
TIMING OF TRANSFER: Please indicate Please note that Tuition (thru June) is DL	_	month to start your tuition monthly transfer: e first 5 business days of the month.	
Monthly: 1st transfer date (mm/d)	ld/yy):	Last transfer date (mm/dd/yy):	
SIGNED AUTHORIZATION:			
Name:	(please print)		
Signature:		Today's date:	