



**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: MET Bank Account:

Name of Bank/Retail Center: Pacific Continental Bank

Credit Deposit Account #: 380110046034

RT/Routing #: 123-205-135

TUITION TRANSFER Request:

Please indicate the number of children at each grade level:

Preschool	K-5th	6 th -8 th	9 th -12 th

Amount of Transfer: Please circle the applicable amount(s) below:

\$675.00 Pre-K

\$775.00 Elementary (K-5th)

\$800.00 Middle (6th-8th)

\$825.00 High (9th-12th)

Note that there is a \$25 discount (up to \$50) for each additional child excluding Preschool.
Please refer to your parent handbook for details.

Total amount to be transferred: _____

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

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

• **Annually:** Transfer Month/Day: _____

Start date: _____

End date*: _____

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

Signed Authorization:

Name: _____ (please print)

Signature: _____

Today's date: _____