

St. Monica Catholic School~ Facts Voucher

Please Circle one: **Lunch** **Extended Care** **Other:** _____

Amount: \$ _____ _____ to be withdrawn on the next tuition withdrawal date
 _____ to be spread over the remaining payments withdrawn on the tuition withdrawal date

Family Name: _____

Students Name: (please indicate an amount for each student if adding lunch money)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____



By signing below you acknowledge that the above stated amount will be added to your FACTS account and auto-withdrawn accordingly.

Sign: _____ Date: _____

*Please note: Two full business days prior to your withdrawal are needed to change a withdrawal amount.

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