



Scheduled Payment Plan Form

Name(s): _____

Address: _____ City _____ State _____ Zip _____

Telephone Number(s): _____ Email _____

Parish _____ Tax Year: _____

Please apply my payment to: _____ Undesignated Funds (Needy School)

Check Enclosed: _____ School (s) _____

All electronic funds transfers and automatic credit card payments will be made on the **20th of each month**. Taxpayers may claim a credit for EFT and/or credit card contributions made throughout the year from January through December. Monthly Credit Card Payments can also be made online at www.ctso-tucson.org. Please call or mail any bank or credit card changes to: CTSO - P.O. Box 31 - Tucson, AZ 85702.

\$1000 Married \$500 Single Other _____

Electronic Funds Transfer (EFT) Authorization

You may Electronically Transfer \$ _____ per month for _____ months (# of months must not exceed months left in the calendar year) for a total contribution for 2008 of \$ _____.

From my (check one or two) Checking Savings On the _____ 5th _____ 20th

Name of Bank: _____

ABA Routing #: _____

Account #: _____

Name(s) on account (please print): _____

Address on account: _____

Signature: _____

Credit Card Authorization

You may Charge \$ _____ per month for _____ months (# of months must not exceed months left in the calendar year) for a total contribution for 2010 of \$ _____. Date Charge: _____

From my: Visa MasterCard American Express Discover

Credit Card #: _____

Expires: _____ Month _____ Year

Cardholder Name (please print): _____

Billing Address: _____

Signature: _____

Complete this form and mail to: Catholic Tuition Support Organization (CTSO), PO Box 31, Tucson, Arizona 85702-0032