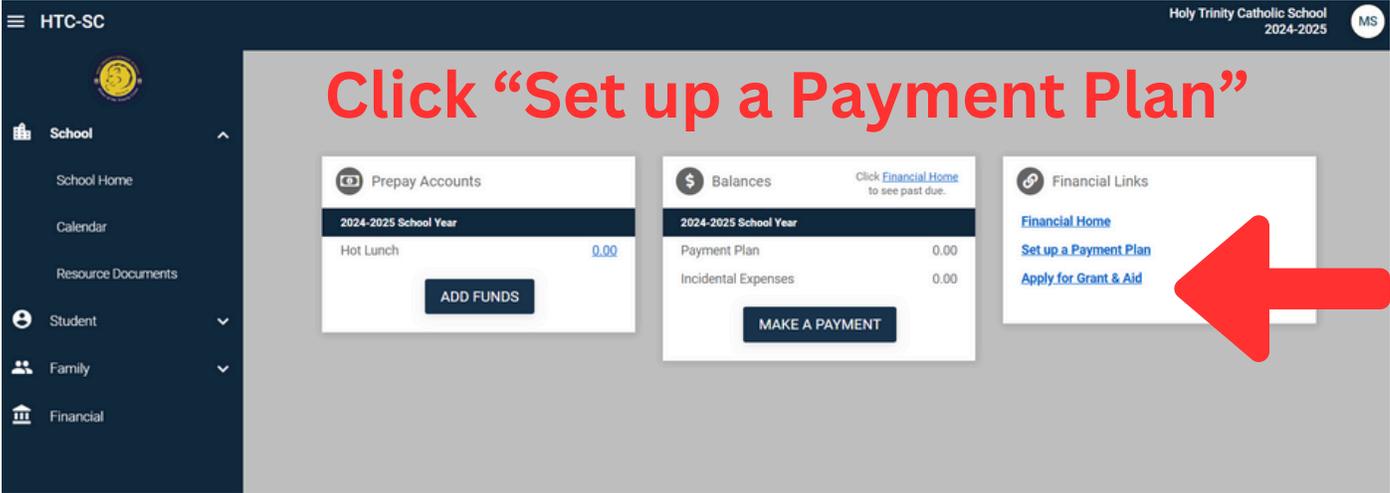
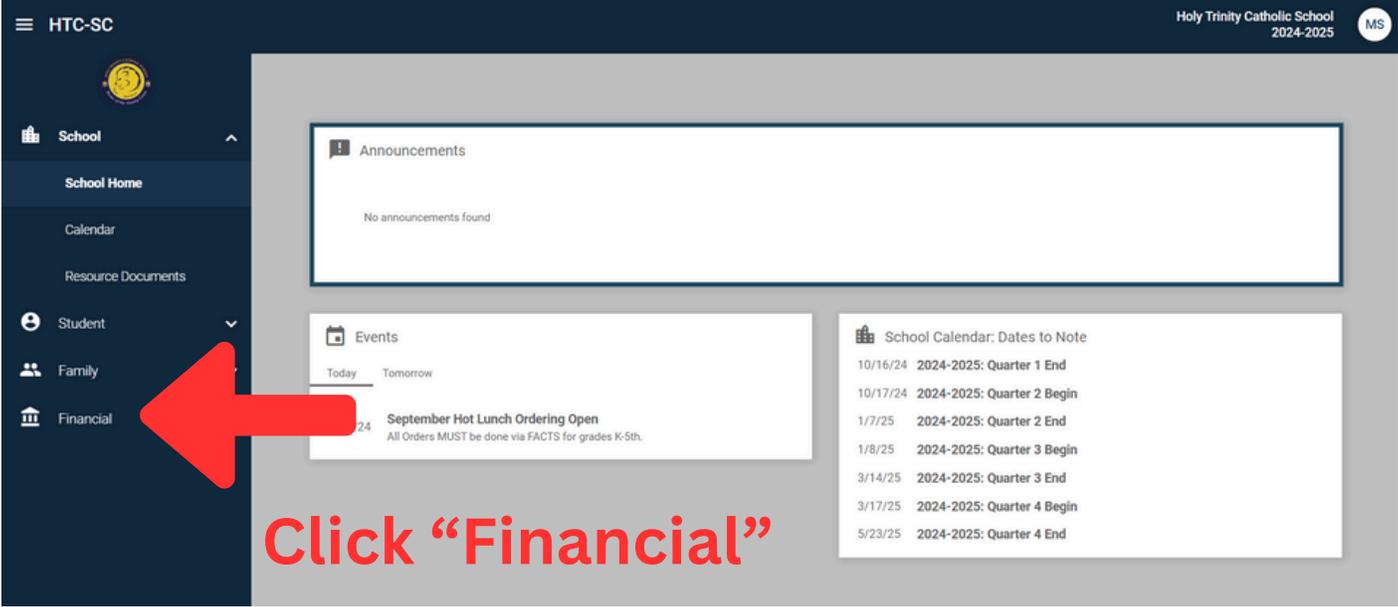


How to add a payment plan & default payment method



Welcome

Welcome to Holy Trinity Catholic School.

If you have any questions about setting up your agreement, click the "Contact FACTS" link in the upper right-hand corner or call 866.441.4637.

If you have any other questions, please call Holy Trinity Catholic School at 843.390.4108.

****Please note, there is a required down payment for the Registration Fee of \$100 dollars, for all payment plans.**

If you had a FACTS agreement the previous year, the school will re-enroll your student, do not continue on this screen.



Click "Begin"

Please note that you will not be automatically be charged \$100. If this is owed, Mrs. Luzzo will authorize the charge later. It will not be collected during this initial set up process!

Progress Tracker



Contact Information

Family Information

Name	Mom Student 123 Test Street North Myrtle Beach North Myrtle Beach, SC 29582 United States
E-mail Addresses	ehineshtcs@gmail.com <input checked="" type="checkbox"/> Please send me e-mail payment reminders <input checked="" type="checkbox"/> Use e-mail for correspondence E-mail correspondence will be sent to all e-mail addresses provided



Back **Next** Save & Exit Cancel



Make sure both boxes are checked
Click "Next"



Students

Student First Name	Student Last Name	Grade Level	
Test	Student	Kindergarten	
			<input type="button" value="Add Student"/>

**Make sure all the students listed are yours
Click “Next”**

Payment Plan Options

Select a payment schedule

Show:

Monthly Payments

Select	Payment Method	Down Payment	Number of Payments	Beginning Month	Available Payment Days	Last Day to Enroll	Payment Plan Enrollment Fee
<input type="radio"/>	Automatic Payments from <ul style="list-style-type: none">Bank AccountCredit/Debit Card	Required	8	September 2024	5th 20th	22 Aug 2024 06 Sep 2024	\$0.00

2 Semi-Annual Payments

Select	Payment Method	Number of Payments	Payment Months	Available Payment Days	Last Day to Enroll	Payment Plan Enrollment Fee
<input type="radio"/>	Automatic Payments from <ul style="list-style-type: none">Bank AccountCredit/Debit Card	2	September 2024 January 2025	5th 20th	22 Aug 2024 06 Sep 2024	\$0.00

1 Full Payment

Select	Payment Method	Down Payment	Number of Payments	Beginning Month	Available Payment Days	Last Day to Enroll	Payment Plan Enrollment Fee
<input type="radio"/>	Automatic Payments from <ul style="list-style-type: none">Bank AccountCredit/Debit Card	Required	1	September 2024	5th 20th	22 Aug 2024 06 Sep 2024	\$0.00

**Pick the plan you would like. If you are 4K First Steps, please select Monthly
Click “Next”**

Progress Tracker



Payment Details

Please enter your primary financial account for payments

Pay using

Holy Trinity Catholic School allows you to pay using: a bank account (checking or savings) or a credit/debit card (Visa, Mastercard or Discover).

The following processing fees may apply:

- Credit Card - up to 2.95%
- Debit Card - up to 2.95%
- Checking or Savings account - no fee

The amount will be disclosed once you select your payment method. Card transactions for Holy Trinity Catholic School are processed by FACTS Management Company, USA.

Select your payment method
Click "Next"

Add Account

Credit/Debit Card Details

Required fields are marked with an *

Please enter your name exactly as it appears on your Credit/Debit Card.

Account Holder Name*

Card Number*

Card Brand*

Expiration Date*

Security Code (CVV)*

Billing Address

Please enter the address as it appears on your billing statement.

Country*

Address Line 1*

Address Line 2

City*

State*

ZIP/Postal Code*

Enter your payment information
Click "Save"



Payment Details

Please enter your primary financial account for payments

Pay using ?

Holy Trinity Catholic School allows you to pay using: a bank account (checking or savings) or a credit/debit card (Visa, Mastercard or Discover).

A 2.95% FACTS service fee will be assessed for payments made with a debit card. The service fee is non-refundable. Should a payment amount or method change, the service fee will change accordingly. Card transactions for Holy Trinity Catholic School are processed by FACTS Management Company, USA.

Rates are subject to change

Incidental Expenses

Incidental expenses may be billed separately. If enrolled in auto pay, these payments will be automatically processed from the account above.

Yes, please enroll me in auto pay for incidental expenses

Peace of Mind (POM) Benefit

The POM Benefit will pay any eligible FACTS unpaid balance in the event of the death of the Responsible Party or his/her legal spouse. Coverage is only available to individuals who are citizens/permanent residents of the United States and to those under the age of 70. The non-refundable fee for this benefit is \$22.50. If you are automatically reenrolled in POM, your coverage will be carried through to each consecutive year you have a FACTS Payment Plan Agreement.

Yes, Enroll me in the POM benefit.

No, Do not enroll me in the POM benefit.

Back

Next

Cancel

Make sure the “Incidental Expenses” is check
Select your “POM Benefit” option
Click “Next”



Payment Schedule

What day do you want the future scheduled payments to be on?*

-- Select --

Back

Next

Cancel

4K First Steps
This is for Incidental
Expenses ONLY

Select your “Payment
Schedule”
Click “Next”

Progress Tracker



Review & Authorize

[FACTS Returned Payment Fee Policy](#)

The payment amount will be available once your institution finalizes your payment plan agreement.

Payment Method
Visa - 8350
(Change)

Please read and accept the [terms and conditions](#) of this payment plan below (Plan details and Terms & Conditions are listed below)
Once submitted you will have the option to print this agreement from your account history.

Scroll Down



Contact Information

[Change](#)

Name/Address
Mom Student
123 Test Street
North Myrtle Beach,
North Myrtle Beach, SC 29582
United States

Phone

E-mail
ehineshtcs@gmail.com

- Use e-mail for correspondence
(Invoices/Statements will be also sent via e-mail)
- Please send me e-mail payment reminders

application or charges (other than certain application fees for specified payment plans or accounts), and any participation fee charges.

Federal law also exempts you from the Arbitration section of this Agreement.

PEACE OF MIND (POM): If, as the person who has submitted this FACTS Agreement, you have selected the "Yes" box enrolling you in the Peace of Mind (POM) Benefit, this will serve as your [Certificate of Insurance](#). (NOTE: If you choose a **one-payment option or a plan longer than 12 months**, you are **not eligible** for POM.) The FACTS Peace of Mind (POM) Benefit pays the remaining unpaid balance of the Agreement up to a Maximum Benefit Amount of \$30,000 and is subject to the conditions listed below:

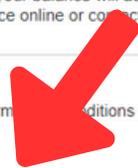
1. The Maximum Benefit Amount applies to each FACTS Payment Agreement. Payment is initiated upon death of the covered person. Covered person means the person who has signed the FACTS Payment Agreement, or that person's legal spouse. The covered person must be under the age of 70 on the later of the day insurance is elected or the FACTS Payment Agreement is signed. Electronic signatures are allowed.
2. The amount of Benefit payable is limited to the outstanding balance owed to the student(s)' educational institution, as budgeted through FACTS, up to the Maximum Benefit Amount. The amount of benefit payable is further limited to a reasonably declining balance; claims following large balance increases, consistently low payment amounts, or extended payment schedules may be reviewed and subject to potential reductions in line with reasonable anticipated amortization of tuition covered. Amounts owed for nonbudgetable expenses (incidental expenses) are not covered. Payments in arrears, if any, are not covered. The Benefit is payable directly to the institution specified on the Payment Agreement.
3. The coverage effective date is the date on which the FACTS Payment Agreement is executed by the covered person. The nonrefundable POM fee must be received by FACTS in order to process a claim. Coverage ends on the earlier of the due date of the last scheduled FACTS payment or last day of classes of the academic term covered by this agreement. Under no circumstances does coverage extend to costs associated with more than a single academic term.
4. A portion of the nonrefundable POM fee will be retained by FACTS for administering the Benefit program.
5. Proof of Loss is required to obtain this Benefit. A certified copy of the death certificate, indicating cause of death, must be provided to FACTS.
6. The covered person(s) must be a citizen/permanent resident of the United States.

Group term life insurance coverage is issued by Assurity Life Insurance Company ("Assurity") of Lincoln, Nebraska. Form G L1502 and G L1502C.

SPECIAL NOTE REGARDING FINANCIAL AID: Please do not assume your balance will automatically be adjusted if you receive financial aid or a class or service is added or dropped. You should review your Agreement balance online or contact your Institution.



I have read and accept the [terms and conditions](#) of this payment plan



[Back](#) [Done](#) | [Cancel](#)

Click the box to accept
Click "Done"