

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL (DEBIT ENTRY)

I (we) hereby authorize **St. Mary's School**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for **St. Mary's School Tuition** in the amount of \$ _____. The entries will be initiated once a month to commence on the **5th of the month, September through May**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch, if Applicable)

(Address)

(City/State) (Zip)

(Financial Institution Routing Number)

(Account Number)

Type of Account: Checking_____

Savings_____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Print Individual Name)

(Signature)

(Signature of St. Mary's Representative)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL (DEBIT ENTRY)

I (we) hereby authorize **St. Mary's Catholic Church**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for **St. Mary's Building Expansion** in the amount of \$ _____. The entries will be initiated once a month to commence on the **5th of the month, September through May**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch, if Applicable)

(Address)

(City/State)

(Zip)

(Financial Institution Routing Number)

(Account Number)

Type of Account: Checking_____

Savings_____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Print Individual Name)

(Signature)

(Signature of St. Mary's Representative)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM