St. Mary Catholic School
ACH Authorization Form

Parent/Guardian Information

Name: _____
(Please Print)

SSN: _____

Student (s) Name: _____

I hereby authorize St Mary Catholic School

To initiate: ( ) debit/drafts ( ) credits/payments

To my: ( ) checking account ( ) savings account

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error.

I also authorize the financial institution named below to credit and or debit my account for the correcting entries. I duly certify that I am authorized signer of said account and have the right to enter into this agreement.

Account Information

Name of Bank: _____

City/State: _____

Bank Routing Number: _____

Account Name: _____

Account Number: _____

This authority will remain in full force and effect until such time as St. Mary Catholic School has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it. Any changes must be made at least five (5) days prior to transaction date. **Any payments returned for any reason by your Bank/Financial Institution will incur a $50 fee on the 1st occasion and a $100 fee on each subsequent occasion**.

Please draft my account for tuition on: ( ) 2nd of the month
or
( ) 16th of the month

All after school fees will be drafted on the 16th of month following the month in which they were incurred.

_____ _____
Authorized Signer Date

PLEASE ATTACH A VOIDED CHECK