

ACH AUTHORIZATION FORM
2018-2019

CUSTOMER 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 an 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until such time as St. Mary Catholic School has received written notification from me that the draft authorization has been revoked.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 5 days prior to transaction date. Any payments made after the 20th of the month will incur a \$10.00 late fee.

Please draft my account on: () 5th of the month
() 20th of the month

Amount to be drafted: _____

Signature of account owner

Date

PLEASE ATTACH A VOIDED CHECK

