



K-8th GRADE - 2017-2018 SCHOOL YEAR
AUTOMATIC TRANSFER PAYMENT (ATP)
AUTHORIZATION FORM

Account Information

I/we hereby authorize St. Francis of Assisi School (SFAS) to transfer funds for the sole purpose of collecting payments. The funds are to be transferred from my/our: (check one)

Checking Account

Savings Account

Account #: _____
(Middle set of numbers on bottom)

At: _____
(Depository name)

Transit/ABA # _____
(1st set of numbers on bottom left)

(Depository address)

Financial Institutions may use an in-house number for certain accounts. Please verify your account number.

PLEASE ATTACH A VOIDED CHECK

(No Deposit Slips)

Schedule for ATP

Funds are to be deposited to St. Francis of Assisi School's account at Bank First National. The amount of the transfer will occur according to the following schedule: (Please check one)

MONTHLY - 10 monthly payments (August through May)

\$ _____

SEMI-ANNUAL - 2 payments (September & January)

\$ _____

ANNUAL - 1 payment (Due September 1st)

\$ _____

Amounts may be adjusted after Scrip credits have been applied.

ATP Authorization

ATP withdrawals may be made once each month. Please indicate which option you prefer:

5th of the month

20th of the month

Old balances will be added to your payment if past balances are not paid by June 20.

This authorization allows SFAS to initiate the debit entry indicated above and to initiate, if necessary, any reversal entry and adjustments for entries made in error to the accounts indicated above.

This authority is to remain in full force and in effect until SFAS has received written notification of its termination in such time and in such manner as to afford SFAS a reasonable opportunity to act on it. I/we have the right to stop payment of a debit entry by notification to SFAS at such time as to afford SFAS a reasonable opportunity to act on it prior to charging SFAS. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by SFAS within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. If my account (which includes, but is not limited to, tuition, extended care and hot lunch) is past due at the end of the school year, SFAS is authorized to continue deductions until my account is current.

Signature(s):

NAME

DATE

NAME

DATE

PRINT FAMILY NAME: _____