

Direct Debit (ACH) Tuition Payment Authorization

Student Name _____

Parent Name _____

Parent e-mail address _____

I(we) hereby authorize Saint Patrick's Preschool, hereinafter called "The Preschool," to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit same to such account for the purpose of collecting payments for tuition payments. I (we) understand that this debit will occur on or after the 5th of each month in which payments are due. I(we) acknowledge that the origination of the ACH transactions to my(our) account must comply with the United States law.

Depository Name: _____ Branch: _____

City: _____ State: _____

Routing Number (9 digits): _____ Account Number: _____

Amount to be debited monthly: _____

This Authorization is to remain in full force and effect until The Preschool has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford The Preschool and Depository a reasonable opportunity to act on it, or until my (our) child (children) is no longer enrolled in The Preschool and/or our tuition is paid in full, whichever occurs first.

Name(s): _____

Phone: _____ Cellphone: _____

Signature(s): _____

Date: _____

This form must be received by the 15th of month preceding to start the draft.

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY