

ST. JOSEPH SCHOOL - DIRECT PAYMENT FORM
FOR TUITION ONLY

****IMPORTANT: You must Include a VOIDED CHECK with this form****

ATTACH VOID CHECK HERE

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize ST. JOSEPH CATHOLIC SCHOOL, hereinafter called *COMPANY*, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called *DEPOSITORY*, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY INFORMATION

Bank Name: _____

Routing#: _____ Account#: _____

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

Name: _____

Full Address: _____

Date: _____ Signature: _____

****Debit will take place on the 1st Day of each month****

Amount to Debit Monthly: \$ _____