

Authorization Agreement for Automatic Tuition Payment

Sacred Heart Catholic School _____

I / we authorize the Sacred Heart School Budget hereinafter called Sacred Heart School, to initiate debit entries for our "Sacred Heart School Budget" from my account as follows:

Tuition can be paid in full at registration or please select one of the options below or choose one of the options listed below:

\$ _____ **10 Monthly on the 20th beginning August 20th 2016**

\$ _____ **4 Quarterly payments on the 20th of August, November, February, and May**

\$ _____ **Semi-annual payments on the 20th of August and January**

and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my / our account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account, please complete below and return to Sacred Heart School

Financial Institution Name _____ Branch _____ City, State, Zip _____

ABA / Bank Routing Number _____ Account Number _____

Type of Account _____ Checking _____ Savings

This authority is to remain in full force until either of us terminates in such time and in such manner as to afford Sacred Heart School and its DEPOSITORY a reasonable time to act on it.

Name: _____ Phone Number: _____

Signature: _____ Date: _____

Name: (If joint account) _____

Signature: _____ Date: _____

Please attach a copy of a voided check for account number verification.