



Family ID _____

Office use

AUTHORIZATION AGREEMENT FOR MONTHLY DIRECT PAYMENTS (ACH DEBITS)

_____ I (we) will pay tuition in full by **July 1, 2019**

_____ I (we) will pay monthly by draft. Tuition will be drafted beginning July 4th. Extended care will be drafted beginning September 10th.

I (we), _____, hereby authorize St. Thomas More Catholic School, herein after called STM SCHOOL, to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same such account.

DEPOSITORY (Bank or Credit Union)

Bank Name _____

Routing Number _____ Account Number _____

Type of Account: **Checking** **Savings**

Please draft this account for: _____tuition _____ extended care fees (grades K – 8 only)

This authorization is to remain in full force and effect until STM SCHOOL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford STM SCHOOL and DEPOSITORY a reasonable opportunity to act on it (10 business days). **I understand that I must give STM SCHOOL 10 business days advance written notification prior to the draft date if I wish to make a change in my DEPOSITORY information.**

Name _____ Please print bank account holder's name(s)

Student Name(s) _____

Parent Signature _____ Date _____

Attach a voided check