



ELECTRONIC FUND TRANSFER/RECURRING MONTHLY CREDIT CARD AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Saint Patrick High School to instruct my financial institution and/or my credit card to make my monthly donation on the date checked below. This agreement will be in effect until Saint Patrick High School has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until Saint Patrick High School has sent me written termination of this agreement. There will be a \$25 fee for any dishonored transaction.

CONTACT INFORMATION

(Please Print)

Name (as it appears on your account) _____

Preferred Phone (Please Circle) Home Work Cell _____

Address _____

City _____ State _____ Zip _____

ELECTRONIC FUNDS TRANSFER PAYMENT

I would like to make a gift to Saint Patrick High School by automatically deducting my payments monthly.

Please deduct \$ _____ (minimum transaction \$10) each month from my account.

These deductions will take place on the 20th of each month.

Name of Institution _____

Account Type (Please Circle) Checking Saving

Account Number _____

Transit Routing Number _____

(see lower-left corner of your check or contact your Financial Institution)

Start Date _____ End Date _____

RECURRING CREDIT CARD PAYMENT

I would like to make a gift to Saint Patrick High School by automatically charging my payments monthly.

Please charge \$ _____ (minimum transaction \$10) each month.

Please charge my (Please Circle) Visa Mastercard American Express Discover

Account Number _____

Expiration Date _____

Start Date _____ End Date _____

Signature _____ **Date** _____

PLEASE RETURN COMPLETED AGREEMENT TO:

Saint Patrick High School
Office of Institutional Advancement
5900 West Belmont Avenue
Chicago, IL 60634