

# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

## AUTHORIZATION FOR PAYMENT FROM BANK ACCOUNT

I (we) hereby authorize Saint Patrick High School to instruct my financial institution to make my monthly tuition payments on the dates due from the account listed below. This agreement will be in effect from **June, 20\_\_ through May, 20\_\_** or 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. **This agreement pertains to the "Regular Monthly Tuition" amount only and not to any other assessed fees.** There will be a \$25 fee for any dishonored transaction.

Name (As it appears on your Bank Account) Please Print: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Student Name and ID#: \_\_\_\_\_

**Amount:** \_\_\_\_\_

Please debit my account on the (Please check one): \_\_\_\_\_ **3rd** \_\_\_\_\_ **17<sup>th</sup>**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Required Financial Institution Information

Name of Institution: \_\_\_\_\_

Acct Type: Checking: \_\_\_\_\_ Saving: \_\_\_\_\_ Acct #: \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

(see lower-left corner of your checks or contact your Financial Institution) **Please enclose a voided check**

## AUTHORIZATION FOR CREDIT CARD PAYMENT

I (we) hereby authorize Saint Patrick High School to charge my Credit/Debit Card on the **10<sup>th</sup>** of each month. This agreement will be in effect from June, 20\_\_ until May, 20\_\_ or 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. **This agreement pertains to the "Regular Monthly Tuition" amount only and not to any other assessed fees.** There will be a \$25 fee for any dishonored transaction.

Name (As it appears on card) Please Print: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (Please notify us when you receive new cards) CVV#: \_\_\_\_\_

Student Name and ID#: \_\_\_\_\_

**Amount:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_