

2018-19 Tuition Payment Option – Automatic Withdraw

____ I will sign up for ACH (check here for automatic withdraw)

____ I will make arrangements with my bank to send a monthly payment

Signature: _____

PRINTED NAME: _____

Authorization Agreement

I hereby authorize OLV to initiate automatic withdrawals from my account at the financial institution named below. I understand and approve that a detailed listing of payments will be sent to me on a monthly basis, and any adjustments will be made between me and OLV.

Further, I agree not to hold OLV responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

This agreement will remain in effect for the current school year or until OLV receives a written notice of cancellation from me or my financial institution .

Student Name: _____

Attention to: ____ Preschool Tuition ____ School Tuition ____ Other

Start Month: _____ End Month: _____ (can be left open)

My bank is hereby authorized to pay and charge my account for all automatic payments against my account by OLV, in the amount of \$ _____ per month.

Withdrawal Schedule: ____ 1st Friday of each month ____ 3rd Friday of each month

Account Information

Checking ____ Savings ____ Name on Account: _____

Name of Financial Instituion: _____

Routing # _____ Account # _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

To authorize your bank to make your contribution/payment from your checking or savings account, *please attach a VOIDED CHECK to this form and return to the school office.*

Office Use Only

OLV Parish ____ Neighbor Parish ____ Non-Catholic ____ Date Entered in ACS: _____