

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company name St. Stanislaus School

I (we) hereby authorize St. Stanislaus School
hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account/ _____ Savings Account
(select one) indicated below at the depository financial institution names below, hereinafter called DEPOSITORY, and to debit
the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the
provisions of U.S. law.

Depository
Name _____ Branch _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification
from DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____ Signature _____

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE
AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE
AUTHORIZATION.**

Student Name(s) _____

Payment Date (Select One) _____ 5th _____ 20th

Total Balance _____

Number of Payments _____

Amount of Each Payment _____

(Educational Institution Signature & Date)

ENROLLMENT FEE IS \$25.00

RETURNED CHECK FEE/ INSUFFICIENT FUNDS FEE/ REFUSED TRANSACTION FEE IS \$25.00