



TUITION AUTO-DEBIT AUTHORIZATION FORM

Starting July 5th, 2019, I (we) hereby authorize St. Patrick School, hereinafter called SCHOOL, to debit \$_____ (Tuition Amount) on the 5th of each month to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name)

(Branch)

ADDRESS

CITY/STATE

ZIP

(Routing Number)

(Account Number)

TYPE OF ACCOUNT: ____ CHECKING ____ SAVINGS

This authority is to remain in full force and effect until SCHOOL has received written notification from the authorized individual or individuals who have signed below, of its termination in such time and manner as to afford the SCHOOL and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Print Individual Name)

Signature

Signature

Date

Date

\$ _____

\$ _____ (12 x \$ _____)

2019-2020 Family Rate: Non-Participatory Participatory

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!