



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

NAME _____

I (we) hereby authorize Charlevoix St. Mary School, hereinafter called COMPANY, to initiate debit entries to my (our)

Checking Savings account (select one)

indicated below and the depository named below, hereinafter called DEPOSITORY, to debit 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.

BANK NAME _____

CITY _____ STATE _____

ZIP _____

ROUTING /ABA NO. _____

ACCOUNT NO. _____

Total Tuition of \$ _____ in 9 monthly payments of \$ _____ to be

debited from my bank account on the 5th/ 20th (circle one) day of each month.

This authority is to remain in full force and effect until COMPANY has received written notification (within time frame) from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

SIGNED _____ DATE: _____

Email address: _____



ST. MARY SCHOOL
to know · to love · to serve