

St. Agnes School ACH Debit Authorization Form

(Please print) Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

1. Please check one:

New Authorization Continue ACH from Prev. Change in Tuition Amount
 Change Date of EFT Change Financial Acc. Info. Discontinue EFT

2. I wish to make monthly payments on the:

1st day of each month 15th day of each month

3. I wish to make the following monthly payments beginning June '20 and ending May '21:

Tuition: _____ Hot lunch: _____ After 3 Program: _____

Please write in the amount of tuition you are paying.

If your child eats hot lunch every day of the month, the average cost is: 60.00. Lunch is currently \$3.15 per child. Milk for cold lunch is .50

After 3 is \$3.00 per hour.

One time payment in Aug. 2020 for **Activity fees** in the amount of: \$ _____ Pre-K \$10.00 per child
K-5th \$20.00 per child

4. Please take my payment directly from the specified account:

Same account info from previous year.
 Checking account (attach voided check)
 Saving account (attach voided check)

Routing number: _____

Account number: _____

YOUR NAME
678 Main Street
Anywhere, MI 12345

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

⑆999888???

⑆00⑆23456789

⑆⑆23

Routing Number Account Number Check Number

I hereby authorize **St. Agnes School** and **Platte Valley Bank** to initiate debit entries to my account. I have attached a voided check. This authority is to remain in full force and effect until **St. Agnes School** has received written notification from me (or either of us) of its termination in such time and manner as to afford **St. Agnes School** and **Platte Valley Bank** opportunity to act on the request.

Authorized acct. signature: _____ Date: _____

Attach voided check