

**AUTOMATED TUITION/FEE PAYMENT PLAN
ELEMENTARY & MIDDLE SCHOOLS
FOR THE SCHOOL YEAR 2010–2011
ACH AUTHORIZATION FORM**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ROUTING/TRANSIT NUMBER (ABA) _____

CHECKING ACCOUNT NUMBER _____

SAVINGS ACCOUNT NUMBER _____

I hereby authorize the Business Office of St. Pius X School to initiate electronic debit entries in the amount \$ _____ for Automatic Payment of Tuition and/or Fees from the above account beginning on _____ and then on or about the 1st in accordance to Payment Option # _____. This agreement will expire upon the last transaction made in accordance to the signed financial agreement. Changes to account information must be submitted in writing 21 days prior to the next scheduled payment date.

PRINT NAME: _____

SIGNATURE: _____

DATE

For Office Use

VOIDED CHECK RECEIVED: _____

DATE ENTERED INTO ACH: _____ DATE REMOVED FROM ACH: _____