

**St. Patrick School – 216 N. Garnavillo St. – Anamosa, IA 52205 – 319.462.2688**

Date: \_\_\_\_\_

**Authorization Agreement for ACH Debits**

I (we) hereby authorize St. Patrick School to initiate debit entries to my (our)

\_\_\_\_ checking account

\_\_\_\_ savings account

at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for 12 months.

Amount to be withdrawn monthly beginning August 1, 2017 \_\_\_\_\_

Depository name \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

This authorization is to remain in force and effective until St. Patrick School has received a written notification from me (either of us) of termination in such time and in such manner as to afford St. Patrick School and DEPOSITORY a reasonable opportunity to act on it. Also, I agree that I remain obligated to pay St. Patrick School in the event that a charge to my account is dishonored for whatever reason.

\_\_\_\_\_  
Name Signed Date

\_\_\_\_\_  
Name Signed Date

**Please complete this form and return it to St. Patrick School with a deposit slip or voided check.**

Calculation Field: \_\_\_\_\_ divided by 12 months = \_\_\_\_\_  
(Outstanding balance) (Monthly payment)

**Credit Card Authorization**

Date: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Type of Card: \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ American Express

Account number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Amount to be charged monthly for 12 months beginning August 1, 2017 for tuition: \_\_\_\_\_

By signing this form, you authorize St. Patrick School to charge your credit card for the amount listed above.

This authorization is to remain in full force and effective until St. Patrick School receives a written notification from me (us) of termination. I agree that I remain obligated to pay St. Patrick School in the event that a charge to my account is dishonored for whatever reason.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Charges and transfers will be stopped when account is paid in full.**