



OPTION 5: Automatic Payment Authorization Form

AUTO-DEDUCTION OF TUITION PAYMENT FROM CHECKING:

I authorize St. Mary Catholic School and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to change their records.

Name of Financial Institution: _____

Address: _____

Financial Institution Routing Number: _____ (Please attach voided check.)

Account Number: _____ ☐ Savings Account ☐ Checking Account

THE REGISTRATION FEE WILL BE DEBITED AT THE TIME OF REGISTRATION UNLESS ANOTHER FORM OF PAYMENT IS MADE AT THAT TIME. TUITION AND ANY REMAINING FEES WILL BE DEBITED ON THE 15TH DAY OF THE MONTH ACCORDING TO THE PAYMENT OPTION THAT YOU CHOSE.

☐ Annual ☐ Quarterly ☐ (10) Monthly ☐ (12) Monthly

Name - Please Print

Address. Please Print

X _____
Account Holder Signature Date

AUTOMATICALLY CHARGE CREDIT CARD ACCOUNT:

☐ DISCOVER ☐ MASTERCARD ☐ VISA ☐ AMERICAN EXPRESS

Account# _____

Expiration Date _____ (We ask that you please try to use a credit card that will be valid for the entire school year.)

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☐ Annual ☐ Quarterly ☐ (10) Monthly ☐ (12) Monthly

X _____
Account Holder Signature Date

NOTE: The above agreement will remain in effect until June 30 of the current Academic year unless otherwise revoked by the above as a dated written request and submitted for file at school.