



ACH Automatic Tuition Payment Form

Schedule your tuition payment to be automatically deducted from your bank account.

Please print

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

Student Name(s): _____

I/We authorize St. Gabriel Catholic Parish School to withdraw the amount below from my financial institution, as designated, to fulfill my tuition obligations. This authorization will remain in effect until I fully satisfy my tuition balance or I notify St. Gabriel Parish School otherwise. **I understand that the TOTAL tuition is due by May 25, 2027.**

\$ _____ Total Tuition

\$ _____ Payment/Withdraw

Please check one payment option:

One-time Payment Date: _____

Quarterly* (Aug./Nov./Feb./May)

10 months* (Aug. - May)

Financial Institution information

Checking Account

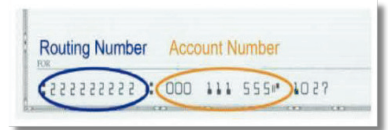
Savings Account

**Funds will be withdrawn on or about the 25th of each month*

Financial Institution Name: _____

Routing Number: _____

Account Number: _____



Name on Account: _____

I (we) hereby authorize St. Gabriel Catholic Parish School to initiate electronic entries to my checking/savings account(s) at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until St. Gabriel Catholic Parish School is notified by us in writing or by phone to cancel it at least seven 7 days in advance of the next scheduled transaction, to afford St. Gabriel Catholic Parish School and The Financial Institution a reasonable opportunity to act upon it. If a single entry, a reasonable opportunity to act on the revocation instruction prior to initiating the entry.

[ATTACH A VOIDED CHECK IF POSSIBLE]

Signature: _____ Date: _____

A copy of this authorization form will be mailed to you once it has been processed by the parish business office.

Office Use Only Date Received: _____ Data Entry: _____