

SAINT ANTHONY CATHOLIC SCHOOL
Automatic Bank Payments (ACH) Authorization

Responsible Party _____

Name of Student _____

Phone Number: () _____ - _____

Financial Institution/Banking Information:

(Financial Institution Name)

(Street Address)

(City/State)

(Zip)

(Routing Number-9 Digits)

(Account Number)

Type of Account: _____ Checking _____ Savings

**ATTACH VOIDED
CHECK HERE**

I/We hereby authorize Saint Anthony Parish to initiate debit entries to my/our account indicated above and the financial institution named above to debit the same to such account for amounts and reasons indicated below. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until Saint Anthony Parish has received written notification from me (or either of us) of its termination in such time and manner as to afford Saint Anthony Parish and the financial institution a reasonable opportunity to act on it.

Signature of Authorized Signer on Account

Date

Printed Name of Signer

Payment Date: ☐ 5th or ☐ 20th (If one is not selected, the 20th will be used)

Total Balance due

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Number of Payments

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Amount of Each Payment

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Month and Year of First Payment

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Month Year

Payments may not be stopped unless a "Stop Payment" form is completed in the school office. There will be a \$20.00 charge for each payment stopped.