

**NOTE: This form must be completed annually.**

## INSTRUCTIONAL FEE FORM (PARISH FAMILIES)

### St. Dominic School Automatic Withdrawal Form for Instructional Fees

Below is an authorization form, which gives St. Dominic Church authority to withdraw payments from your account. Simply complete this form and attach a voided check from the account from which you wish to have your payments withdrawn.

1. Indicate whether your payment will be withdrawn from your checking or savings account.
2. Attach a voided check for verification of all account and routing numbers.
3. Calculate the total cost of your fees to be paid from August to May (10 months).

**Example:** Instructional fees for two children are \$2000. If you choose to make bi-monthly payments (5<sup>th</sup> and 20<sup>th</sup> of each month), then your withdrawal amount would be \$100 each from August 5<sup>th</sup> through May 20<sup>th</sup>. If you choose to pay on either the 5<sup>th</sup> or the 20<sup>th</sup> of each month, your withdrawal amount would be \$200.

4. Be sure to sign the form and return to:

**Jodi Alford, Bookkeeper  
St. Dominic Church  
303 West Main Street, Springfield, KY 40069**

### AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS) ST. DOMINIC CHURCH

I (we) hereby authorize St. Dominic Church to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/our

Checking Account       Savings Account      (Select one)

ABA # \_\_\_\_\_ Account # \_\_\_\_\_

I/We would like to initiate debit entries as follows:

**Withdrawal Amount:**      \$ \_\_\_\_\_

Withdrawal dates are the 5<sup>th</sup> and 20<sup>th</sup> of every month, August through May. If these days fall on a weekend or holiday, withdrawals will be 1-2 days late.

I would like withdrawals to be made on the     5<sup>th</sup>     20<sup>th</sup>    or     5<sup>th</sup> and 20<sup>th</sup>.    (Select One)

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Instructional Fees (\$1000 per child):**      \$ \_\_\_\_\_

**TOTAL AMOUNT to be withdrawn:**      \$ \_\_\_\_\_

PAYOR NAME(S): \_\_\_\_\_  
(Please Print)

DATE: \_\_\_\_\_ SIGNED X \_\_\_\_\_

SIGNED X \_\_\_\_\_