St. Dominic School Automatic Withdrawal Form for <u>Tuition</u> Families

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 Simply complete this form and attach a voided check from the account from which you wish to have your payments withdrawn.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 Indicate whether your payment will be withdrawn from your checking or savings account.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: The annual tuition for one child is \$4400. If you choose to make bi-monthly payments $(5^{th} \text{ and } 20^{th} \text{ of each month})$, then your withdrawal amount would be \$220 each from August 5^{th} through May 20^{th} . If you choose to pay on either the 5^{th} or the 20^{th} of each month, your withdrawal amount would be \$440.

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 th and 20 th 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 \Box 5 th \Box 20 th or \Box 5 th and 20 th . (Select One)
Starting Date: Ending Date:
Tuition total (\$4400 for 1 child; \$6700 for 2 children; \$9000 for 3 children): \$
TOTAL AMOUNT to be withdrawn: \$
PAYOR NAME(S): (Please Print)
DATE: SIGNED X
SIGNED X