

## Authorization Agreement for Direct Payments (ACH Debits)

Company Name: Assumption of the Blessed Virgin Mary School

I hereby authorize Assumption of the Blessed Virgin Mary School, hereinafter called COMPANY, to initiate debit entries to my Account indicated below at the depository financial institution named below hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**Student Name(s)** \_\_\_\_\_

**Bank or Credit Union Name** (Financial Institution)

\_\_\_\_\_

**Branch Location** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Type of Account** (circle one)    **Checking Account** -or- **Savings Account**

**Date of the month deduction will be made** (Please circle one)    **5<sup>th</sup>** -or- **15<sup>th</sup>**

**Payment amount per period** \$ \_\_\_\_\_

**Payment Plan**    \_\_\_\_\_ Plan A. Payment in full on or before the first week of school.

\_\_\_\_\_ Plan B. Quarterly payments – August, October, January, and April.

\_\_\_\_\_ Plan C. Payments divided over nine months, the first payment due in August, and every month thereafter, with the last payment due in April. Attach voided check. (Deposit or Savings tickets are **not** accepted.)

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Name** \_\_\_\_\_

Please print

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_