St. Mary Elementary & Jr. High School
Dixon, Illinois

Authorization for Direct Withdrawal
2018/2019

Name _____

Address _____

_____

Phone _____

Bank Name _____

Bank Routing Number _____
(The first nine digits in lower left-hand side of your check, for savings accounts please contact your bank.)

Account Number _____

Type of Account: Checking Account___ Savings Account___

(IF USING CHECKING ACCOUNT PLEASE ATTACH VOIDED CHECK)

I authorize St. Mary School to charge my bank account number shown above. I understand that the funds will be withdrawn on the 15th of each month, in ten equal monthly payments beginning on August 15, 2018. If the 15th should fall on a weekend or bank holiday I understand that the funds will be withdrawn on the first working day prior to the holiday. I also understand it is my responsibility to ensure sufficient funds are in my account at that time. If my payment is returned for "Non Sufficient Funds" St. Mary School will charge a $25.00 NSF fee.

This authority will remain in effect until I instruct St. Mary School, in writing, to cancel or change it. I understand that St. Mary School requires at least 5 working days prior notice in order to cancel or change this authorization.

Signed_____ Date_____
Person responsible for payment of tuition