

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

**Authorization for Direct Withdrawal (ACH)
2022-2023**

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___ Charge Account ___

(IF USING CHECKING ACCOUNT PLEASE ATTACH VOIDED CHECK)

I authorize St. Mary School to charge my account number shown above. I understand that the funds will be withdrawn from the identified account on the 15th of each month beginning August 15, 2022. 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 may charge me an additional \$25.00 NSF fee.

This authorization will remain in effect until I instruct St. Mary's School, in writing, to cancel or change it. I understand that St. Mary's School requires notification of at least 5 working days prior to any change or cancellation of this authorization.

Signed _____
Person responsible for payment of tuition

Date _____