

Student Name _____

Appendix A: Payment Authorization Form

Church, School, or Diocese Name <u>St. Patrick's Catholic Preschool</u>	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <i>(Choose either bank or credit card. One account only, please.)</i>	
<input type="checkbox"/> Change Indicated Below	
<input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Account Information		
(Choose either Bank or Credit Card. Provide information below for one account only.)		
Bank Account Information	Credit Card Information	
Bank Name	Credit Card Type	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other (provide type below) _____
Account Type <input type="checkbox"/> Checking (please attach voided check) <input type="checkbox"/> Savings (please attach deposit slip)	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	
Routing Number	Credit Card #	
Account Number	Credit Card Expiration Date	
Authorization Effective Date / /	Authorization Effective Date / /	

Contribution Schedule					
Fund Type <small>(e.g., Sunday Offering, DSA Pledge, etc.)</small>	Payment Schedule	Amount	Payment Start Date	Collection Date <small>(Date for withdrawal from your account)</small>	Down Payment <small>(if applicable)</small>
<u>2016-2017 Tuition</u>	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time	\$			\$
<u>Annual Activity Fee</u>	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> One Time	\$	<u>one time only</u>	<u>10/15/16</u>	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time	\$			\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time	\$			\$

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.