

**Catholic High School
Direct Debit Service
Authorization**

Start date: _____

End date: _____

I authorize *Catholic High School* and my financial institution named below to initiate debit/withdrawal entries to my checking/savings account on or about

the 5th of every month or

the 20th of every month.

This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

Name of Financial Institution

Address of Financial Institution

City

State/Zip Code

Customer Name—Please Print

Customer Address

City

State/Zip Code

Account Type:

Checking _____
(Amount)

Savings _____
(Amount)

Bank Routing No.: _____

Bank Account No.: _____

I agree with the terms and conditions of this service and verify that the above information is accurate and true. I understand that I may cancel this service at any time by written notice.

Signature

Date