



Authorization Agreement for Automatic Withdrawals

School Year 2019-20

I (we) hereby authorize St. Mary's Church/School, Storm Lake, IA to initiate debit entries to my (our) account as indicated below at the financial institution named below. I (we) acknowledge that the origination of ACH (Direct Payments) to my (our) account must comply with the provisions of the U.S. law.

Name: _____

Financial Institution Information

Financial Institution: _____

Routing Number _____

Account Number _____

Checking Account

Savings Account

Attach a voided check

Recurring Automatic Withdrawals:

Tuition: Amount of each Payment: _____
Frequency/Number of Payments: _____
Month of First Payment: _____
Day of the Month for Withdrawal: _____ (1st, 5th, 15th, 20th)

Breakfast/Lunch: Amount of each Payment: _____ on 15th of each month starting August 2019 and ending May 2020.

One Time Automatic Withdrawals:

PreK & K Snack Fee: \$35 per student – Payment on _____

AfterCare Program: Payment monthly on 5th of each month

- Science Fee: \$15 per student for HS – Payment on _____
- College Class Fees: Amount of Payment \$ _____ Payment date: _____
- Athletic Booster Fee: \$50 per student for 7/8 – Payment on _____
 \$75 per student for HS – Payment on _____
 \$150 family maximum – Payment on _____
- Fine Arts Fee: \$35 per student for grades 5-8 – Payment on _____
 \$50 per student for HS – Payment on _____
 \$150 family maximum – Payment on _____

Authorization

This authorization is to remain in full force and effect until St. Mary’s Church/School, Storm Lake, IA has received written notification from me (or either of us) of its termination at such time and in such manner as to afford St. Mary’s School, Storm Lake, IA and the financial institution a reasonable opportunity to act on it (at least 5 business days in advance of the scheduled payment).

Name (s) _____

Social Security Number _____ Date _____

Signature _____

Signature _____

300 East Third St ▪ Storm Lake, IA 50588

Finance Office – 712-732-3110