Sacred Heart Catholic School

School Office | 106 N. Saint Joseph St. | Morrilton, AR 72110

AUTHORIZATION FOR AUTOMATIC DRAFT

Please check with your banking institution to confirm that they allow ACH debits and credits.
Please print, sign, date and return authorization with voided check.

Last Name: _____ First Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Bank Name: _____ Bank Phone #: _____

Bank Routing No. (1st set of (9) numbers on the bottom of your check): _____

Account No. (2nd set of numbers of the bottom of your check): _____

_____Checking   _____Savings

Draft my account for <mark>tuition</mark> :

_____Monthly on the 5th of the month beginning ____/____/20___ in the amount of $_____

_____ Monthly on the 20th of the month beginning ____/____/20___ in the amount of $_____

Draft my account for <mark>lunch</mark> :

_____Monthly on the 5th of the month beginning ____/____/20___ in the amount of $_____

_____ Monthly on the 20th of the month beginning ____/____/20___ in the amount of $_____

Draft my account for <mark>after school care</mark> :

_____Monthly on the 5th of the month beginning ____/____/20___ in the amount of $_____

_____ Monthly on the 20th of the month beginning ____/____/20___ in the amount of $_____

I authorize Sacred Heart Catholic School to initiate debit entries from my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Sacred Heart Catholic School a reasonable opportunity to act on it. I can revoke the authorization of any entry by notifying my financial institution in writing three (3) days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to fifteen (15) days following issuance of my financial institution statement or 50 days after posting, whichever occurs first.

Signature: _____ Date: _____

TO INSURE ACCURACY, A VOIDED CHECK MUST BE ATTACHED TO THIS FORM