

# Payment Authorization Form

School Name: **Good Shepherd Catholic School**

Name on Account (print)

Account Holder's Phone #

Street Address

City, State, Zip

Email Address

I authorize the following:

New Withdrawal Request   
  Change Withdrawal   
  Discontinue Withdrawal

### ACCOUNT INFORMATION

Provide information below for one account only.

Bank Name

Routing Number

Account Number

Account Type

Checking  
 (attach voided check)

Savings  
 (attach deposit slip)

**\$15 set-up fee attached?**     yes     no

**Voided check attached?**     yes     no

### Payment Schedule

<u>Account Type</u>	<u>Total Tuition Amount</u>	<u>Payment Plan</u> 10 months 12 months	<u>Payment Schedule</u> Weekly, Monthly, or 2x/month	<u>Amount to be Withdrawn on Each Date</u> (minimum of \$100/month)	<u>Payment Start Date</u> (all payments begin in July 2015)
<b>Example</b> <i>(Out-of-Parish)</i>	\$6,134.00	12 months	2x/month	\$255.59	7/3/15
<b>In-Parish Tuition</b>					
<b>Out-of-Parish</b>					
<b>Pre-K Tuition</b>					

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until either I satisfy the contractual balance or until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a non sufficient funds (NSF) fee of \$30 charged to my account for NSF debits or chargebacks.

**Authorized Account Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_