

**Authorization for Automatic Payment
To St. Joseph Catholic School**

I authorize St. Joseph Catholic School of Prescott and the financial institution named below to initiate electronic entries to my checking/savings account on the 15th of each month, and agree to the terms listed on this authorization. **(If the 15th is on a weekend or Holiday, the payment will be on the business day prior.)** It is my understanding that these transactions will be credited to my school account for tuition payments.

NAME: _____

ADDRESS: _____

PHONE: Day: _____ Evening: _____

BY AUTOMATIC WITHDRAWAL

Checking Account No. _____ (or) Savings Account No. _____

Financial Institution/Bank Name: _____

Financial Institution/Bank Routing Number: _____

(between these symbols 1:1: on the bottom left of your check)

I agree to pay tuition to St. Joseph's according to the payment plan indicated below:

9 Monthly Payments Amount: \$ _____
(payments will start on 7/15/10 and end on 3/15/11)

2 Semi-Annual Payments Amount: \$ _____
(payments will be on 7/15/10 and 1/15/11)

1 Annual Payment Amount: \$ _____
(one payment will be made by 7/15/10)

OTHER

(Please explain) _____

_____ Amount: \$ _____
\$ _____

NOTE: A \$50 per family discount will be given to those making one annual payment by 7-15-10.

In Parish Total Payment \$ _____

Out of Parish Total Payment \$ _____

Signature of each parent or guardian financially responsible for the student:

Signature: _____ Date: _____

Signature: _____ Date: _____

(Please include a voided check or voided savings slip to provide necessary routing information. Thank You!)