

**Authorization for Payment
To St. Joseph's Catholic School, Prescott**

Name (please print): _____ Home phone # _____
Address: _____ Cell phone # _____

Please check one of the following:

___ Full payment by check will be provided by July 15, 2011 (\$50 per family discount)

___ Semi-annual payments by check no later than August 1, 2011 or January 15, 2012. Payment authorization information must be provided below.

___ Monthly direct debit (ACH) over ___ nine or ___ ten or ___ twelve months

___ Quarterly direct debit (ACH) payments on 7/15/11, 10/15/11, 1/15/12 and 4/15/12

___ Semi-annual direct debit on 7/15/11 and 1/15/12

___ Full payment by direct debit by July 15, 2011 (\$50 per family discount)

Monthly payments for a 12 month period will start July 15, 2011. Monthly payments for the nine or ten month period must end no later than June 15, 2012.

BY AUTOMATIC WITHDRAWAL:

Checking account number _____ OR

Savings account number _____

Financial institution/bank name: _____

Financial institution routing number _____
(between these symbols 1:1: on the bottom left of your check)

I authorize St. Joseph's Catholic Parish of Prescott to initiate electronic entries to my checking/savings account on the 15th for tuition payments, and agree to the terms listed on this form. (If the 15th is on a weekend or Holiday, the payment will be on the business day after.)

Starting Date: _____

Signature: _____ Date: _____

If you need to have unequal deductions, please state need below:

Please include a voided check or voided savings slip to provide necessary routing information. Thank you.

