

Authorization for Automatic Tuition Payment

I hereby authorize Sacred Heart Jr-Sr High School and the financial institution named below to deduct the amount of my tuition from the account identified below. These deductions will be withdrawn electronically. I choose the date of the deduction as indicated below. If any deduction is not honored by my bank for any reason, I understand that my account will be considered not paid. Each dishonored payment will be assessed a \$25 return item fee. Once payment is made via an alternate method, the electronic withdrawal will resume.

Name: _____

Address: _____

Financial Institution Name: _____

Address: _____

Routing Number: _____ Account Number: _____

Checking

Savings

- I choose to have my payments deducted **monthly** on the 1st day of each month beginning July 1, 2024 and ending June 1, 2025. Amount of each deduction: _____
- I choose to have my payments deducted **quarterly** on the 1st day of each month; July 2024, October 2024, January 2025, and April 2025. Amount of each deduction: _____
- I choose to have my payments deducted **semi-annually** on the first day of each month; July 2024 and January 2025. Amount of each deduction: _____
- I choose to have my payments deducted on the _____ day of each month beginning _____ and ending _____. Amount of each deduction: _____

Important: Please return a voided check with this form to ensure accurate processing. A new authorization form MUST be submitted for each school year.

Signature: _____ Date: _____

Your authority will remain in full force and effect until revoked by you, your financial institution, or Sacred Heart Jr-Sr High School. This payment option is offered at no charge by Sacred Heart Jr-Sr High School. To cancel this payment plan, contact Sacred Heart Jr-Sr High School. Please make a copy for your records.