

**St. Christopher School**  
**Automatic Bank Account Payment Authorization**

I hereby authorize St. Christopher School to initiate Automated Clearing House (ACH) withdrawal(s) for the payment of tuition from the checking/savings account indicated below.

I understand that this transfer will be made on the **15<sup>th</sup> business day** of the month for which tuition is due for the duration of the tuition plan chosen (unless other arrangements have been made). Thirty (30) days written notice is required if I choose to cancel this authorization.

**I understand that if funds are not available for the withdrawal, a \$25.00 insufficient funds fee will be passed along.**

FAMILY NAME: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

Account type: (Choose ONE) \_\_\_\_\_ Checking \_\_\_\_\_ Savings

TRANSIT / ABA / ROUTING NUMBER (9 digits): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME (S) ON ACCOUNT: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SIGNATURE:                                  X \_\_\_\_\_

DATE: \_\_\_\_\_                                 X \_\_\_\_\_