

**Automatic Withdrawal Authorization Form
(Tuition Monthly Payment Option)
School Year 2019-2020**

Please complete and sign this form, attach a voided check (or pre-printed saving deposit ticket) and return it along with your registration information. Remember to increase the total monthly tuition total by the \$3.00 service fee. A new form must be completed each year. Thank you!

Authorization Agreement for Automated Tuition Payments

I, _____, hereby authorize the Church of St. Rita in Solon Ohio to initiate debit entries to my () **Checking** or () **Savings** account indicated below and the depository named below to debit the same such amount.

*Amount \$ _____ monthly on the fifteenth of the month, beginning July 2018 and ending April 2019.

*Amount equals the total tuition plus \$30.00 (total service charge) divided by 10 equal payments.

Depository: Name _____

Address _____

City/State/Zip _____

Banking Transit – ABA# _____ (always 9 digits)

Bank Account number _____

** If a checking account debit, please attach to this form a voided check.

** If a saving account, attach a pre-printed saving deposit ticket.

This authorization will remain in full force and effect until the Church of St. Rita has received written notification. This must be received at least five days in advance of the desired termination date.

Authorized signature for above account (Print name) Date _____

Authorized signature for above account (Print name) Date _____