

MONTHLY PAYMENT OPTION FOR TUITION
AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

Please complete and sign this form, attach a voided check (or pre-printed saving deposit ticket) and return it to the office, along with your registration forms. 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 () Savings () account indicated below and the depository named below to debit the same such amount.

Amount \$ _____

Monthly on the fifteenth of the month, beginning in June 2009 and ending in March 2010

Depository:

Name _____

Address _____

City, State, Zip _____

Banking Transit-ABA #: _____

(always nine digits)

Bank Account Number: _____

(Attach to this form a voided check if checking account debit or a pre-printed savings deposit ticket if savings account.)

This authorization is to remain in full force effect until the Church of St. Rita has received written notification at least five business days in advance of the desired termination date.

(Authorized signature for above account) (Print Name)

Date: _____

If second signature is required

(Authorized signature for above account) (Print Name)

Date: _____