

St Peter Prince of the Apostles Catholic School

AUTHORIZED Bank Draft AGREEMENT FOR PAYMENT

Monthly or One Time Payment

For School Year 2017-2018

I (we) hereby authorize St Peter Prince of the Apostles Catholic School, hereinafter called ORIGINATOR, to initiate debit entries to my (our) **CHECKING** **SAVINGS** account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

Name _____ Monthly One-Time

Name of Student(s) _____ Grade(s) _____

Signed _____ Date _____

Please attach a check or deposit slip marked "VOID" to this form

Bank Name _____

Routing Number _____

Branch _____

Account Number _____

City _____ State _____ Zip _____

Date to draft 1st

Start Date _____

15th

Stop Date _____

This authority is to remain in full force and effect until ORIGINATOR and DEPOSITORY has received written notification from me (or either of us) of its termination, in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it or the "Stop Date" has passed.

Fees	\$
Tuition	\$
ASC	\$
Total	\$

***** PLEASE DO NOT WRITE BELOW THIS LINE *****

July	Aug	Sept	Oct
Nov	Dec	Jan	Feb
Mar	Apr	May	June

