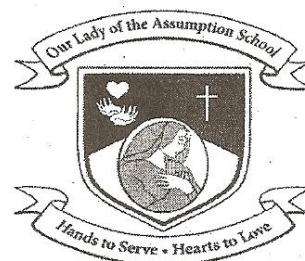


**Please submit this form along WITH
a voided a check to the school office.**



AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize OUR LADY OF THE ASSUMPTION SCHOOL to charge my (our) bank or credit union account(s) indicated below in the amount of \$ _____ on the _____ of each month, but not later than the 10th of the month, for payment of my (our) school tuition.

Billing Address: _____

Phone #: _____

City, State, Zip: _____

Email: _____

Primary Bank Account	Secondary Bank Account
Name on Account _____	Name on Account _____
Bank Name _____	Bank Name _____
Bank Routing Number _____	Bank Routing Number _____
Account Number _____	Account Number _____
<div style="display: flex; justify-content: space-around; font-size: small;"> Routing Number Account Number </div>	<div style="display: flex; justify-content: space-around; font-size: small;"> Routing Number Account Number </div>
Bank City/State _____	Bank City/State _____

Authorization Expiration Date: _____

I agree to notify OUR LADY OF THE ASSUMPTION SCHOOL in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

SIGNATURE: _____ **DATE:** _____