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 **15th 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 _____

Note: Please attach a voided check