

St. Bernadette Parish
7240 W. 12th Ave. Lakewood, CO 80214 (303) 233-1523

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize St. Bernadette Parish to initiate debit entries to my (our) account indicated below at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Check One:	Check One:
_____ K-8 th grade tuition	_____ Checking
_____ pre school tuition	_____ Savings

Please attach voided check; deposit tickets not accepted.

Bank/Depository Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____
Account Number _____
Amount to be transferred (paid) \$ _____

Tuition will be deducted from August, 2010 through July, 2011. Please check one box below.

- _____ 10th - withdrawals will be made on the first banking day on or after the 10th of the month.
- _____ 10th & 20th - half-month tuition on the 10th and half on the 20th.
- _____ 20th - withdrawals will be made on the first banking day on or after the 20th of the month.

I (we) further understand that this authorization is to remain in full force and effect until St. Bernadette Parish has received written notification from me (either one of us) of its termination at least 30 days prior to the effective date of the termination.

_____	_____	_____
Name (please print)	Signature	Date

_____	_____	_____
Name (please print)	Signature	Date