



St. Clare Catholic School

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- It's easy to sign up for and easy to cancel
- Safe, simple and automatic

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the specified day. Proof of payment will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If you would like to change the amount of your payment, you simply need to complete a new authorization form and notify us at least 10 days before the payment date.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, please complete the attached authorization form and return it to us.

RETAIN FOR YOUR RECORDS

On _____ I authorized **St. Clare Parish** to initiate entries to my checking/savings account and have agreed to the terms listed on this authorization. I may revoke my authorization at any time by contacting St. Clare Parish at 920-864-2550.

5th of each month _____

25th of each month _____



St. Clare Catholic School

Please complete the information below:

I authorize **St. Clare Parish and the financial institution below to initiate electronic debit entries to my bank account for tuition.** I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect as stated below or until I notify St. Clare in writing at least ten days before my account is to be charged.

Account Type: Checking Savings

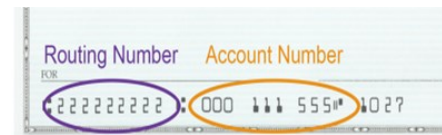
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Amount: \$ _____ 5th of each month

Starting Date: _____ 25th of each month

Authorizing Signature

PLEASE RETURN TO PARISH OFFICE:

THIS AUTHORIZATION SECTION & A VOIDED CHECK

You may drop this off or mail it to:

St. Clare Parish
2218 Day Street
Greenleaf, WI 54126