



St. Thomas More
Catholic School

11400 Sherbrook Drive ☆ Baton Rouge, LA 70815

Phone: (225) 275-2820 ☆ FAX: (225) 275-0376

Family ID _____
Office use

AUTHORIZATION AGREEMENT FOR MONTHLY DIRECT PAYMENTS (ACH DEBITS)

_____ I (we) will pay tuition in full by **June 13, 2016** _____ I (we) will pay monthly by draft on the **4th** of each month.

_____ I will use the same DEPOSITORY information as the prior year. _____ Below is new banking information.

I (we), _____, hereby authorize St. Thomas More Catholic School, herein after called STM SCHOOL, to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same such account.

DEPOSITORY (Bank or Credit Union)

Bank Name _____

City _____ State _____

Routing Number _____ Account Number _____

Type of Account: Checking Savings

Please draft this account for: _____ tuition _____ extended care fees (grades 2 – 8 only)

This authorization is to remain in full force and effect until STM SCHOOL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford STM SCHOOL and DEPOSITORY a reasonable opportunity to act on it. **I understand that I must give STM SCHOOL 10 days advance written notification prior to the draft date if I wish to make a change in my DEPOSITORY information.**

Name _____ Please print bank account holder's name(s)

Student Name(s) _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Attach a voided check