



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 11, 2018**

\_\_\_\_\_ I (we) will pay monthly by draft on the **4<sup>th</sup>** of each month except February registration which is on the 10th.

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 \_\_\_\_\_

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 (10 business days). **I understand that I must give STM SCHOOL 10 business 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 \_\_\_\_\_

**Attach a voided check**

