

SAINT VINCENT DE PAUL CATHOLIC SCHOOL
****DIRECT TUITION WITHDRAWAL AUTHORIZATION FORM****

Please complete form and ATTACH A VOIDED CHECK. (DO NOT attach a deposit slip)

New Student(s) 2011/12

Changes in Prior Year Account Information

Payment of Tuition in Full by July 31, 2011

(If this box is checked, complete the top section of this form, sign, date, and return to the school office by April 30, 2011).

Name (as shown on bank account)

Address

City

State

Zip

Home Phone

Daytime Phone

Student Name/Grade

Student Name/Grade

Student Name/Grade

Student Name/Grade

Checking _____

Savings _____

Financial Institution

Transit Routing Number (9 digit bank #)

Bank Account Number

I authorize Saint Vincent de Paul School to automatically deduct my monthly **School Tuition Payments** from the above referenced account. I understand this authorization will remain in effect until I provide written notice of termination in such time and in such manner as to afford Saint Vincent de Paul School a reasonable opportunity to act on it (*minimum of 7 business days notice prior to effective date*). I understand that it is my responsibility to notify Saint Vincent de Paul School of any change in student(s) enrollment. I understand that Saint Vincent de Paul School reserves the right to terminate this service at any time.

Signature (required for validation)

_____/_____/_____
Date

Terms of service: Debits will be made on the 5th business day of each month, beginning August and ending May of each school year the student(s) is enrolled unless that day falls on a weekend or other bank holiday. In the event that the 5th falls on a non-banking day, the debit will be processed on the next available business day. Saint Vincent de Paul School is not responsible for bank account charges, NSF or other bank fees, or overdrafts caused by automatic transactions. Saint Vincent de Paul School will assess a **\$25.00 NSF FEE** on all transactions returned for non-sufficient funds.