

2021-2022 Aftercare ACH Debit Authorization Form

ACH Authorization	
Parent Name(s)	
Student Name(s)	

I (we) would like my (our) _____ Aftercare monthly fee payments to be automatically deducted from the below account per the contracted amount. Aftercare payments will occur on the 20th of the month or the next business day. My deduction will begin on _____.

This authorization will remain in effect until written notice is provided to the office at St. Bernard Academy. I (we) understand that notice must be received at least 15 calendar days in advance of the next draft date in order to **cancel** the current draft or to **change** the Bank Information provided below. I (we) understand that in the event my account has insufficient funds to cover the payment amount drafted, or my draft rejects due to another reason, a \$35 fee will be assessed.

Bank Information			
DEPOSITORY NAME:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings account (select one)	
Transit/ABA No: ("Routing #")		Account #:	

Signature(s)

Date

TAPE VOIDED CHECK