



**St. Austin Catholic School
Authorization Agreement for Electronic Funds Transfer**

I (We) authorize St. Austin Catholic School (SACS) to withdraw funds for tuition and ancillary charges based on the terms listed below:

Depository Name

- Bank**
 Credit Union
 Other

City, State, Zip

Transit/ABA Routing Number

Account Number

Starting Date _____

Payment Frequency:

Payment Date(s):

- 5th** **20th**

- Semi-Monthly**
 Monthly
 Annually

PLEASE ATTACH COPY OF VOIDED CHECK

This authorization will remain in effect until SACS has received written notice from me (or either of us) that it is to be terminated in such time and manner for SACS to act on it.

I (or either or us) have the right to stop payment of a debit entry by notification to Depository at such time as to afford Depository a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by Depository, provided I (we) send written notice of such debit entry in error to Depository within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Account information will be used solely for the purpose of processing EFT entries for tuition billings and will be stored on the secure Church Data Base accessible only by the system administrator.

Name(s) _____

Date _____

Signature _____



**St. Austin Catholic School
Authorization Agreement for Credit Card Payment**

Request and Authorization for Credit Card Payment of Tuition and Ancillary Charges:
St. Austin Catholic School (SACS) is hereby requested and authorized to initiate a credit card transaction to be charged against the account described in the Authorization below.

Full Name (as it appears on the card)

Account Number: _____ **Exp. Date:** _____
(16 Digits) (Month and year)

Card Type:

- Mastercard
 Visa
 Discover

Payment Mode:

- Semi-Monthly
 Monthly
 Annually

Billing Zip Code:

Payment Date(s):
 5th 20th

I understand that I will be charged a convenience fee of 2.3% for this transaction processed with a credit card or 1.99% for use of a debit card processed as a credit card.

I authorize SACS to charge my tuition and ancillary charges, to the credit card account I have indicated.

This authorization will remain in effect until SACS has received written notice from me that it is to be terminated in such time and manner for SACS to act on it.

Signature _____

Date _____