



**ST. MARY'S SCHOOL**  
**1802 Madison Avenue**  
**Edwardsville, IL 62025**  
**Phone: 618-656-1230**  
**www.stmaryedw.org**

**Authorization Agreement for Direct Payments for Tuition**

Company Name: St. Mary's Church

Company ID Number: 37-0661113

I/We hereby authorize St. Mary's Church, hereinafter called COMPANY, to initiate debit entries to my (our) \_\_\_ Checking \_\_\_ Savings account (select one) indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account No \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Debit Amount \$ \_\_\_\_\_

**Please circle which date you would like: 3<sup>rd</sup> of the month or 20<sup>th</sup> of the month**

This amount will not change. The automatic debit entry to your account will be on the third business day of each month or the twentieth business day of each month for the amount above and will be for 12 consecutive months. If your account does not have sufficient funds to cover the automatic debit, the transaction will reject, and you may be charged a fee.

Please attach a voided check or deposit slip to this form.