



2019-2020 ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

FOR OFFICE USE ONLY	CHURCH ENVELOPE #	DATE
Effective date: _____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment date <input type="checkbox"/> Discontinue electronic funds transfer <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change banking info		
Last Name		First Name
Street Address		
City	State	ZIP
Email Address		
<b>PLEASE CHOOSE YOUR PAYMENT OPTION</b>		
<b>Payment Type and Schedule:</b> <input type="checkbox"/> Tuition—Prepaid (due by <b>June 28, 2019</b> ) <input type="checkbox"/> Tuition—Monthly (March through December) 1 <sup>st</sup> 15 <sup>th</sup> 28 <sup>th</sup> <input type="checkbox"/> Tuition—Bimonthly (1 <sup>st</sup> and 15 <sup>th</sup> ) <input type="checkbox"/> Tuition—Biweekly Start on _____ End on _____	<b>FOR OFFICE USE ONLY</b>  Tuition                      \$ _____  Number of payments    ____  Amount per payment \$ _____	
Please debit/charge my payment/s from/to my (check one): <input type="checkbox"/> Savings account <input type="checkbox"/> Checking account (staple a voided check below) <input type="checkbox"/> Credit card*: Account Number _____ Expiration Date (month/year) ____ / ____  <b>* Please note that there is a 2% surcharge for credit card transactions.</b>	Bank Routing Number <i>[must start with 0, 1, 2, or 3]</i> : _____  Account Number: _____  <div style="text-align: center;"> </div>	
I authorize Our Lady of Sorrows to process debits/charges to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____		Date: _____
School Representative		
Signature: _____		Date: _____