

## Automatic Tuition Payments

### Authorization Agreement of Automatic Withdrawal

I hereby authorize St. Thomas Becket Preschool to initiate debit entries to my account indicated below. This authority will remain in effect for the current school year. I can stop payment of any entry by notifying St. Thomas Becket five days before my account is charged.

Please indicate the account to be debited:

Account Number: \_\_\_\_\_

\_\_\_\_ Checking Account

\_\_\_\_ Savings Account

\_\_\_\_\_ *BANK NAME* \_\_\_\_\_ *BRANCH*

\_\_\_\_\_ *CITY* \_\_\_\_\_ *STATE* \_\_\_\_\_ *ZIP*

Amount to be debited:

\$\_\_\_\_\_ on the 10<sup>th</sup> of the month

\_\_\_\_\_ *NAME – PLEASE PRINT*

\_\_\_\_\_ *SIGNATURE* \_\_\_\_\_ *DATE*

After filling out the above information, please attach either a voided check if checking account is to be debited OR a deposit slip if savings or money market account is to be debited.

STAPLE VOIDED CHECK HERE