

**AUTHORIZATION AGREEMENT FOR ACH DEBIT**

Parent Name/s \_\_\_\_\_  
Student Name/s \_\_\_\_\_  
Parent Phone \_\_\_\_\_ Parent email \_\_\_\_\_

**BANKING/CONTRIBUTION INFORMATION**

Bank / Credit Union Name \_\_\_\_\_ Branch \_\_\_\_\_ City / State / ZIP \_\_\_\_\_  
Transit / ABA Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_  
**\*\*\* Please attach a voided check or bank letter \*\*\***  
Parish Account# \_\_\_\_\_  
I (we) would like to pay the sum of \_\_\_\_\_ each month from September to May.  
Allocation: \_\_\_\_\_ to Tuition \_\_\_\_\_ to Program Fees  
I (we) understand that St. Sebastian will debit the account on the 20<sup>th</sup> of the month (if the 20<sup>th</sup> falls on a holiday or weekend, the next business day).

**AUTHORIZATION**

I (we) hereby authorize Saint Sebastian Congregation to process debit entries to my (our) account. I have attached a voided check or bank authorization letter. This authority will remain in effect until St. Sebastian Congregation receives reasonable advance written notice to terminate the authorization..

Adult 1 Name \_\_\_\_\_  
Please Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult 2 Name \_\_\_\_\_  
Please Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:**

- If joint account both owners must sign above.
- Remember to attach a voided check or bank authorization letter.