

DIRECT PAYMENT AUTHORIZATION AGREEMENT

Name: _____

(please print)

Email: _____

I/We the undersigned account holder(s) hereby authorize payment of my/our extended care billing to St. Mary School of Manchester, IA. hereinafter called SCHOOL. I/We authorize the SCHOOL and the financial institution(s) listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my/our checking/savings account(s). This authority will remain in effect until I have cancelled it in writing.

Signature: _____ **Date:** _____

Financial Institution Information:

Bank Name: _____

Branch Address: _____

Account Type: (Choose One)

Checking (*Please attach a voided check*)

Savings

TRANSIT ROUTING NUMBER: _____

ACCOUNT NUMBER: _____