

2018-2019 SCHOOL YEAR

Automatic Withdrawal Direct Payment

Customer Authorization Form

I authorize Newman Central Catholic High School to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(STATE)

(ZIP CODE)

(YOUR NAME - Please Print)

(YOUR

ADDRESS - Please Print)

Your Account No. _____ Checking ___ or Savings ___

Your Financial Institution Routing Number _____

(Routing number is located between these symbols I: I: on the bottom left of your check)

I would like my payment to Newman automatically withdrawn on the:

5th of the Month ___ 20th of the Month ___ Twice a month: 5th AND 20th ___

I would like my payments withdrawn for:

12 months (June 2018 thru May 2019)

10 months (August 2018 thru May 2019)

Initial Payment Amount \$ _____

SIGNATURE

DATE