



## ACH Payment Authorization

***Electronic Funds Transfer Authorization***

*Please attach a voided check for confirmation of account and routing numbers.*

Name on Account: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution Account Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Debit Amount: \_\_\_\_\_ OR amount due for services checked below \_\_\_\_\_

I hereby authorize Aquinas Catholic Schools to initiate a debit entry to the account indicated above. I also authorize the named depository (my financial institution) to debit the same from such account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACH Authorization for the following**

- Cathedral Extended Care (to be charged every other Thursday)
- Cathedral Snack Milk (To be charged on the 5<sup>th</sup> of the month once per school year)
- Cathedral Aftercare (To be charged every other Thursday)
- Cathedral Food Service (To be charged on the 5<sup>th</sup> of the month)
- Blessed Sacrament Aftercare (To be charged every other Friday)
- Blessed Sacrament Food Service (To be charged on the 5<sup>th</sup> of the month)
- Blessed Sacrament Snack Milk (To be charged on the 5<sup>th</sup> of the month once per school year)
- Camp Cathedral (To be charged every other week)

This institution is an equal opportunity provider