



315 S. 11th St. Suite 2200
 La Crosse, WI 54601
 (608) 784-8585

Date: 2022-2023 School Year

ACH Payment Authorization

Cathedral Elementary School

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 your child(ren) at Cathedral Elementary School for the following:

___ ***Cathedral Extended Care 11:00 a.m.-2:50 p.m.** (Your signature above gives ACS permission to pull the amount due on your statement for your child(ren) at Cathedral School. The amount will be taken for your ACH every other Thursday.)

___ ***Cathedral Aftercare 2:50 p.m.-5:30 pm.** (Your signature above gives ACS permission to pull the amount due on your statement for your child(ren) at Cathedral School. The amount will be taken for your ACH every other Thursday.)

___ Cathedral Food Service (Your signature above gives ACS permission to pull the amount due each month for your child(ren) at Cathedral School. The amount will be taken from your ACH on the 5th of every month.)

___ Cathedral Snack Milk (Your signature above gives ACS permission to pull the amount due on for your child(ren) at Cathedral School. The amount will be taken for your ACH on the 5th of the month, once per school year.)

***ACH is required for all families who choose to use Extended Care or Aftercare at Cathedral School for the 2022-2023 school year.**