**ACH Payment Authorization**

315 S. 11th St. Suite 2200

La Crosse, WI 54601

(608) 784-8585

Date: 2023-2024 School Year

**Blessed Sacrament Elementary School**

***Electronic Funds Transfer Authorization***

*Please* ***attach a VOIDED CHECK OR BANK CONFIRMATION*** *to verify account and routing numbers.*

Name on Account: (Print please)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Blessed Sacrament Elementary School for the following:**

\_\_\_ \*Blessed Sacrament 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 Blessed Sacramentl School. The amount will be taken for your ACH every other Thursday.)*

**\*ACH is required for all families who choose to use Aftercare at Blessed Sacrament School for the 2023-2024 school year.**

This institution is an equal opportunity provider