

# ATTACH A VOIDED CHECK

## AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Scotus Central Catholic**, hereinafter called COMPANY, to electronically debit my (our) account (and if necessary electronically credit my (our) account to correct erroneous debits) indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address) (City-State) (Zip)

\_\_\_\_\_  
(Routing/Transit Number) (Account Number)

Type of Acct: \_\_\_ Checking \_\_\_ Savings

Debit amounts will range from .01 to \_\_\_\_\_.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it or as defined as follows:

\_\_\_\_\_  
(Print account owner name)

\_\_\_\_\_  
(Print account owner name)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print student name)

\_\_\_\_\_  
(Print student name)

\_\_\_\_\_  
(Print student name)

\_\_\_\_\_  
(Print student name)

\_\_\_\_\_  
(Print student name)

\_\_\_\_\_  
(Print student name)

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**A \$25.00 NSF will be applied to all returned items**