



St. Thomas More
Catholic School

11400 Sherbrook Drive ☆ Baton Rouge, LA 70815

Phone: (225) 275-2820 ☆ FAX: (225) 275-0376

AUTHORIZATION AGREEMENT FOR MONTHLY DIRECT PAYMENTS (ACH DEBITS)

_____ I (we) will pay tuition in full by July 15th, 2009. _____ I (we) will pay monthly by draft.

I (we), _____, hereby authorize St. Thomas More Catholic School, herein after called STM SCHOOL, to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same such account.

Student Name(s) _____

DEPOSITORY (Bank or Credit Union)

Bank Name _____

City _____ State _____

Routing Number _____ Account Number _____

Type of Account: Checking Savings

Please draft this account for: _____ tuition _____ extended care fees

This authorization is to remain in full force and effect until STM SCHOOL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford STM SCHOOL and DEPOSITORY a reasonable opportunity to act on it.

Name _____
Please print account holder's name(s)

Signature _____ Date _____

Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK HERE

Below is for office use only:

Family ID _____

Cap 1 _____

BD SS _____

Tuition SS _____