

St. James School

Authorization Agreement for Automatic Withdrawal of Funds

Student Name: _____

Name on Account/Credit Card (please print): _____
(Write your name as it appears exactly on your credit card billing.)

Address: _____

City: _____ State: _____ Zip: _____

PAYMENT INFORMATION

Monthly payment amount: \$ _____ Payment date (please check one): 1st 15th

Date for payments to begin: September 2009 Date for payments to end: June 2010

CREDIT CARD – Do not complete this section if authorizing payment from your checking or savings account.

Please charge payments directly to my: Visa MasterCard American Express Discover Card

Credit Card Number: _____ Exp. Date: _____

I authorize St. James School to charge my credit card as indicated above. This authority will remain in effect until I provide reasonable notification to terminate this authorization.

Signature (as it appears on the credit card): _____ Date: _____

CHECKING / SAVINGS ACCOUNT – Do not complete this section if authorizing payment from your credit card.

Please debit payment directly form my (check one):

- Checking Account – attach a voided check
- Savings Account – contact your financial institution for the appropriate routing number

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize St. James School and Vanco Services, LLC to process monthly debit entries from my account according to the payment information above. I understand that if payment shows up as Non-Sufficient Funds then a \$25 fee will be assessed. This authorization will remain in effect until I provide reasonable notification of its termination.

Authorized Signature: _____ Date: _____