

**ST. LOUIS CATHOLIC SCHOOL**  
**17 ST. LOUIS PLACE ♦ BATESVILLE, IN 47006**

**Automatic Withdrawal Authorization For Monthly Tuition Payments**

I agree to pay St. Louis Catholic School the tuition sum of \$ \_\_\_\_\_, in accordance with the terms set forth below through automatic electronic withdrawals.

Parent's /Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail (to notify you of withdrawal): \_\_\_\_\_

School Year: **2010-2011**

Child's name (s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Child      Second Child      Third Child      Fourth Child      Fifth Child      Sixth Child

Total Tuition Due: \$ \_\_\_\_\_

Number of Payments: (check one)       10 Months (**August 5, 2010 – May 5, 2011**) - Option 3

12 Months (**July 5, 2010 – June 5, 2011**) - Option 4

Amount of Monthly Payment: \$ \_\_\_\_\_ *Divide total tuition by number of months*

Payment Withdrawal: 5th Day of each month or the following business day.

**The Annual \$20.00 processing fee will be deducted with the first month's withdrawal.**

I hereby authorize St. Louis Catholic Church to electronically transfer funds from my account according to the terms above. I am an authorized signer of the account.

*An electronic transfer deemed non-sufficient will be re-presented to your financial institution for its face value. The account holder will be responsible for non-sufficient charges regulated by your bank.*

Same Account Information as Last Year: (Circle One)      Yes      No

Name of Bank: \_\_\_\_\_

Bank Location City, State: \_\_\_\_\_, \_\_\_\_\_

Type of Account: (Circle One)      Checking (*attach a voided check*)      Savings

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_

Printed name: \_\_\_\_\_

Accepted by St. Louis School Representative:

\_\_\_\_\_ Date: \_\_\_\_\_