

# ACH Authorization Agreement

Sacred Heart Catholic School

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*For your convenience and to reduce paperwork,  
Sacred Heart Catholic School strongly encourages the use of ACH debiting.*

## Authorization Agreement

I hereby authorize Sacred Heart Catholic School to initiate **debit entries for tuition and food account charges** and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the account indicated below. This authorization will begin on the 1<sup>st</sup> and/or 15<sup>th</sup>, provided this form is received in the Parish Business Administrator's office five business days prior to the first withdrawal. It will remain in full force and effect until Sacred Heart Catholic School has received the full balance due or until a written notification of its termination has been received. The written notification must be received in such time and in such manner as to afford Sacred Heart Parish and the Financial Institution a reasonable opportunity to act on it.

A service fee of \$35.00 will be charged to any ACH transaction that is returned.

Name: \_\_\_\_\_

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

**Tuition Payment** \$\_\_\_\_\_ debited on  1<sup>st</sup> of the Month  15<sup>th</sup> of the Month

First transaction to take place on \_\_\_\_\_ #\_\_\_\_\_ transactions x \$\_\_\_\_\_ = \_\_\_\_\_ total

**Food Account Payment** \$\_\_\_\_\_ debited on  1<sup>st</sup> of the Month  15<sup>th</sup> of the Month

First transaction to take place on \_\_\_\_\_ #\_\_\_\_\_ transactions x \$\_\_\_\_\_ = \_\_\_\_\_ total

## Financial Institution:

Branch Office: \_\_\_\_\_

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

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

9 Digit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Savings  Checking

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

Please attach a voided check.

Routing Number and Account Number  
can be found on your checks:

