



**Holy Infant Parish School of Religion  
Authorization Agreement  
Direct Payments (ACH Debits)**

Monthly on the 15<sup>th</sup> of the month  
Withdrawal will be over a three-month period September 2021 –  
November 2021

**or until tuition is paid in full**

Monthly authorized debit amount \$ \_\_\_\_\_ (1/3<sup>rd</sup> of  
annual tuition less \$100 down payment)

Company: Holy Infant Church      Church Envelope # \_\_\_\_\_

We (I) hereby authorize Holy Infant Church, hereinafter called  
Company, to initiate debit entries to our (my) account indicated below  
and the financial institution named below, hereinafter called Financial  
Institution, to debit same to such account.

Financial Institution Name  
\_\_\_\_\_

Address  
\_\_\_\_\_

Routing/ABA No. \_\_\_\_\_

Account No. \_\_\_\_\_

Type of Account:    \_\_\_ Checking    \_\_\_ Savings

Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*VOIDED CHECK MUST BE  
ATTACHED HERE\*\*\***

**\*\*\*This authority is to remain in full force and effect until the final  
installment (third payment) is processed in November 2021 or  
until tuition is paid in full.**