Blue Form

THE CATHOLIC SCHOOL OF
SAINT EUGENE

Blue Form

Tuition Auto Draft Form

School ID#: _____

Authorization Agreement for Pre-arranged Monthly Payments

I/We hereby authorize St. Eugene Catholic School, hereinafter called COMPANY, to initiate debit entries to the following account indicated and the depository named, hereinafter called DEPOSITORY, to debit the same to such account.

Account Information (please print legibly):

Account Type (choose one): ☐ Checking Account ☐ Savings Account

Depository Bank Name: _____

City: _____ State: _____ Zip Code: _____

Transit ABA Number: _____

Account Number: _____

A voided check or preprinted savings account slip from the account to be debited must accompany this form.

Amount of Tuition to be debited: $ _____

Tuition Draft Period:

Accounts are drafted either on the 10th or the 25th of the month, over either a 10- or 12-month period.

Please draft my (our) account on the (choose one):

☐ **10th** of each month for **10** months, August – May

☐ **10th** of each month for **12** months, June – May

☐ **25th** of each month for **10** months, August – May

☐ **25th** of each month for **12** months, June – May

Agreement:

This authorization is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity act on it prior to charging account. After account has been charged, I (we) have the right to have the amount of an erroneous debit immediately credited to my (our) account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting whichever occurs first.

_____ _____ / _____

Name (please print) Signature Date

_____ _____ / _____

Name (please print) Signature Date

2400 West Hefner Rd. – P.O. Box 20930 - Oklahoma City, OK 73156-0930
Phone: (405) 751-0067 – Fax: (405) 302-4254
www.steugeneschool.org