

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

SAINT LUKE'S EPISCOPAL CHURCH

ID NUMBER 63-0433818

I (we) authorize Saint Luke's Day School to initiate monthly electronic debit entries to my (our) account listed below and I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U S law.

Financial Institution

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____ Circle One
Checking Savings

I prefer my transaction to be deducted from my account on the following day: (please check)

_____ The 15th of the month prior to tuition being due (i.e. August 15th for September tuition).

_____ The 1st of the month for the month it is due (i.e. September 1st for September tuition).

I (we) authorize Saint Luke's Day School to debit said account in the amount of _____ for tuition and _____ for early care for a combined total of _____ to be debited each month beginning August (or the month my child enrolls at Saint Luke's Day School, dated below) and ending on my child's last day at Saint Luke's Day School or until written notice of termination.

I understand that if this transaction is returned to Saint Luke's as unpaid, a return fee in the amount of \$30 will be charged. I also understand that I am responsible for additional fees such as, but not limited to, Activity Fees, Registration Fees, drop in early care days, or any others fees/payments that are not on a consistent monthly basis. The ACH transactions also do not include summer fees and tuition.

This authorization is to remain in full force and effect until Saint Luke's Day School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Saint Luke's and named financial institution a reasonable opportunity to act on it.

Name(s) _____

(Please Print)

Date _____ Signature(s) _____

Please attach copy of voided check