

**OUR LITTLE PROVIDENCE
PRESCHOOL TUITION MANAGEMENT**
For 9/2011 to 5/2012

Please Return to Preschool or the Parish Office by June 15, 2011

FAMILY NAME _____

PHONE _____

Tuition Scale (per month) for '11/12 _____

SIGNATURE(S)

DATE

I (*We*) agree to meet the financial obligations of preschool tuition and have it managed as follows: ***(Choose One)***

_____ **Annual Payment (9 x tuition scale) due 9/01/11**

_____ ***(See A below): Monthly payments, with an automatic deduction from bank account, beginning 9/03/11 and continuing through 5/03/12.***

_____ ***Withdrawal date on 3rd of month***

A) (New to ACH) This option requires a signed ACH authorization agreement and a copy of bank documentation (statement/voided check) on file at the parish office. **(See Form on Back)** Monthly Tuition deduction will be effective 9/3/11 – 5/3/12.

B) (Existing Preschool Family using ACH) If automatic deduction information **has not changed**, sign below to authorize above monthly tuition deduction effective 9/3/11 – 5/3/12.

_____ **Date** _____





ACH DEBIT AUTHORIZATION AGREEMENT

SAMPLE ACH DEBIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME Our Lady of Providence		COMPANY ID NUMBER 43-0692185
I (we) hereby authorize ___Our Lady of Providence Parish hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.		
DEPOSITORY NAME	BRANCH	TRANSIT/ABA NUMBER
CITY, STATE, ZIP	ACCOUNT NUMBER	
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has 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) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my 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.		
	DATE	IDENTIFICATION NUMBER
NAME (PLEASE PRINT)		NAME (PLEASE PRINT)
SIGNATURE		SIGNATURE
113-112-001 NIP (3/87)		

Please attach a copy of bank documentation (statement/voided check) below.



ACH DEBIT AUTHORIZATION AGREEMENT

ACH DEBIT AUTHORIZATION

INSTRUCTIONS FOR COMPLETION & COMPLETED SAMPLE FORM

- A = Full Company Name
- B = Company's (Fed) ID number
- C = Company name
- D = Financial institution which will receive the debit transactions
- E = Financial institution's address
- F = Financial institution's transit/ABA number
- G = Checking or Savings account number
- H = Date the Authorization Agreement is completed
- I = Account owner's Social Security number
- J = Account owner's printed name and signature
- K = Joint account holder's printed name and signature. If a joint account, information on both account holders is required on the Authorization Form.

AUTHORIZATION AGREEMENT –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME A = ABC Company	COMPANY ID NUMBER B = 39-1234567	
I (we) hereby authorize <u>c = ABC Company</u> hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.		
DEPOSITORY NAME D = M&I Marshall & Ilsley Bank	BRANCH	TRANSIT/ABA NUMBER F = 0750-00051
CITY, STATE, ZIP E = Milwaukee, WI 53202	ACCOUNT NUMBER G = 001-12-1234	
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has 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) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my 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.		
	DATE H = MM-DD-YY	IDENTIFICATION NUMBER I = 123-45-6789
NAME (PLEASE PRINT) J = John Smith	NAME (PLEASE PRINT) K = Mary Smith	
<input checked="" type="checkbox"/> SIGNATURE <i>John Smith</i>	<input checked="" type="checkbox"/> SIGNATURE <i>Mary Smith</i>	
113-112-001 NIP (3/87)		