

ROMAN CATHOLIC BISHOP OF SAN BERNARDINO AUTOMATIC DEBIT FORM FOR TUITION

SCHOOL #: 1531 Our Lady of Lourdes School

1st Student Name: _____
Last First Middle

2nd Student Name: _____
Last First Middle

3rd Student Name: _____
Last First Middle

_____/_____/_____
Account Holder's Name (Please Print) Today's Date

Account Holder's Address City State Zip Code

Total Tuition to be Collected \$ _____ Start Date _____

I authorize and instruct The Roman Catholic Bishop of San Bernardino, A Corporation Sole to charge/debit my account the below option for my tuition payment until paid in full or this agreement is terminated by me in writing. I understand that The Roman Catholic Bishop of San Bernardino will charge a late fee of \$25.00 for insufficient funds when payment is debited on the 1st or 15th of the month or the next business day.

Please Circle One

This agreement is also authority for the Bank named below to debit such account each month until this agreement is terminated by me in writing.

Automatic Bank Account Deduction

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Debit my account monthly for \$ _____

Authorized Signature

PLEASE ENCLOSE A VOIDED CHECK

Please return this form to the school office

- 2010-2011 School Year
- 2011-2012 School Year
- New Form
- Revised Form

Original to Accounting Services
One Copy to School
One Copy to Cardholder