

DIVINE WISDOM CATHOLIC ACADEMY AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS for 2019/2020 TUITION AND FEES

(Account Holder's Name)

I (we) hereby authorize, Divine Wisdom Catholic Academy, hereinafter called COMPANY, to initiate domestic debit entries and if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Account/ Savings Account (select one) indicated below at the depository bank named below, hereinafter called DEPOSITORY, and to credit/debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law including laws governing the Office of Foreign Assets Control (OFAC).

All ACH debit entries will be scheduled in accordance with the dates and amounts for tuition and academic supply fees as specified in the Tuition Schedule for the 2019/2020 Academic Year.

Depository (Bank) Name _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____

Amount: 10% of Annual Tuition detailed in the Tuition Schedule for 2019/2020 Academic Year plus \$125 per student on September 1 only for Academic, Art, and Class Activity Fee

Frequency: Monthly on the first business day of June 2019 (except for new students whose first payment is due April 2019), and September 2019-May 2020

This authorization is to remain in full force and effect until **May 31, 2020** or when the COMPANY 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. (**Notification to cancel must be received 10 business days prior to any scheduled payment date.**)

Account Holder
Name(s) _____

Student
Name(s) _____

Signature(s) _____ Date _____

NOTE: ALL WRITTEN AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Attach Voided Check Here