

PROVIDENCE CATHOLIC HIGH SCHOOL
Direct Debit Enrollment



To enroll in the Providence Catholic High School direct debit program, please complete the following and **attach a voided blank check. A deposit slip is only acceptable for a savings account.** New applications must be received by the 20th of each month. Mail the completed form to:

Providence Catholic High School
Attn: Michelle Wojtkiewicz
1800 W. Lincoln Hwy.
New Lenox, IL 60451

Please print all names appearing as authorized signers on the bank account below:

Name(s): _____

Mailing Address: _____

Daytime Phone: _____

Student(s) Name/I.D. #: _____

I (we) hereby authorize Providence Catholic High school to initiate debit entries for the payment of tuition and all related costs to my (our) checking/savings account as indicated below at the depository financial institution so named and to 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. ATTACHED IS A VOIDED CHECK OR DEPOSIT STUB FOR THE FOLLOWING FINANCIAL INSTITUTION:

Financial Institution: _____ Checking/Savings Account (circle one)

City/State: _____

Bank Account #: _____ Bank Routing #: _____

By completing this form, I (we) agree to the following conditions:

1. The financial institution listed above is authorized to pay tuition and related costs from my checking/savings account as specified.
2. This authorization shall remain in full force and effect until I revoke it in writing addressed to Providence Catholic High School.
3. I understand that I can stop payment via the direct debit program provided that such direction is given a **minimum of 14 days prior** to the due date of payment due.
4. I understand that Providence Catholic High School may cancel this program at any time at its discretion. If this program is canceled, payment becomes due as indicated on the Tuition and Fee Payment agreement.
5. I agree to release Providence Catholic High School from any and all damages resulting from, or in connection with, my participation in the direct deposit payment program.
6. Your account will be charged \$25 per NSF transaction return. Providence Catholic High School reserves the right to discontinue your auto debit program after 2 NSF transaction returns.

This authorization is to remain in full force and effect until the Providence Catholic High School Business Office has received written notification from me (us) of its termination in such time and such manner to afford Providence Catholic High School and the above Financial Institution a reasonable opportunity to act on it.

Name(s): _____
Signature Date

Signature Date