



PROVIDENCE CATHOLIC HIGH SCHOOL

1800 W. Lincoln Highway • New Lenox, Illinois 60451 • (815) 485-2136 • www.providencecatholic.org

2023-2024 8th Grade Zero Hour 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.**

Email completed form to tuition@providencecatholic.org or mail Attn: Tuition

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

Name(s): _____
Mailing Address: _____ City: _____
State/Zip: _____ Daytime Phone: _____
Student 1 Name: _____ Student 2 Name: _____

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/Zip: _____

Bank Account #: _____ Bank Routing #: _____

Please select the date you would like tuition payments to be processed (circle one):

In full for the year: \$450 August 1 **or** By semester \$225 August 1 & January 1st

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. 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.
3. 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.
4. Your account will be charged \$30 per NSF transaction return. Providence Catholic High School reserves the right to discontinue your auto debit program after 2 NSF transaction returns.

X _____
Signature Date

X _____
Signature Date