

CHRIST THE KING CATHOLIC SCHOOL encourages ACH withdrawals as the primary means of payment for **regular monthly After School Care payments**.

**\*\*\*\* A new form is required each year to authorize the new Tuition amounts \*\*\*\***

**DIRECT PAYMENT Authorization Form 2023-2024**

**Student Family Last Name** \_\_\_\_\_

I hereby authorize **Christ the King Catholic School** to initiate withdrawals from my account at the financial institution named in this application for payment of my **regular monthly** bills to Christ the King Catholic School. This authorization will remain valid until **June 30, 2024**, or until either I, Christ the King Catholic School, or my financial institution revoke it.

Monthly After School Care: \$ \_\_\_\_\_

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of Christ the King Catholic School or my financial institution with respect to each other. I further understand that Christ the King School and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it.

This authority is to remain in full force and effect until Christ the King School has received written notification from me (or either of us) of its termination in such time and manner as to afford Christ the King Catholic School and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number

Indicate date of monthly ACH withdrawal: 15<sup>th</sup> of each month\* \$ \_\_\_\_\_ , starting \_\_\_\_\_

**Note: Family accounts will be assessed a \$25.00 fee on return ACH for non-sufficient funds. \*\$15.00 late fee will be charged to family accounts for NSF-15<sup>th</sup> ACH no exceptions.**

\_\_\_\_\_  
Account Holder Signature Date

\_\_\_\_\_  
Joint Account Holder Signature Date

For Christ the King Catholic School to verify bank account and routing numbers, account holders should attach a **VOIDED CHECK** for the account holder account that is to be debited. Christ the King Catholic School and account holders should retain completed copies of this form for their records.

**Place VOIDED CHECK Here**

*NOTE: If withdrawal date falls on Saturday, your funds will be withdrawn on Friday.  
If withdrawal date falls on Sunday, your funds will be withdrawn on Monday.*