



AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)

I (we) hereby authorize St. Perpetua School to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, 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.

Depository

Name _____

City _____

State _____ Zip _____

Routing

Account

Number _____

Number _____

This authorization is to remain in full force and effect until St. Perpetua School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Perpetua School and DEPOSITORY a reasonable opportunity to act on it.

Name (s) _____

Date _____

(Please Print)

Signature _____

Sharon Badshaw 3445 Hamlin Rd Lafayette, CA 94549		2400
		91-548/1221
PAY TO THE ORDER OF _____		\$ []
		DOLLARS
St. Ronald's National Bank 3400 S. Las Vegas Blvd. Las Vegas, NV. 89109		
FOR _____		
⑆ 122105278 ⑆	6724301068 ⑆	2400 ⑆

Routing Number

Account Number

Check Number

Please attach a copy of your VOIDED check. Thank you!