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_____

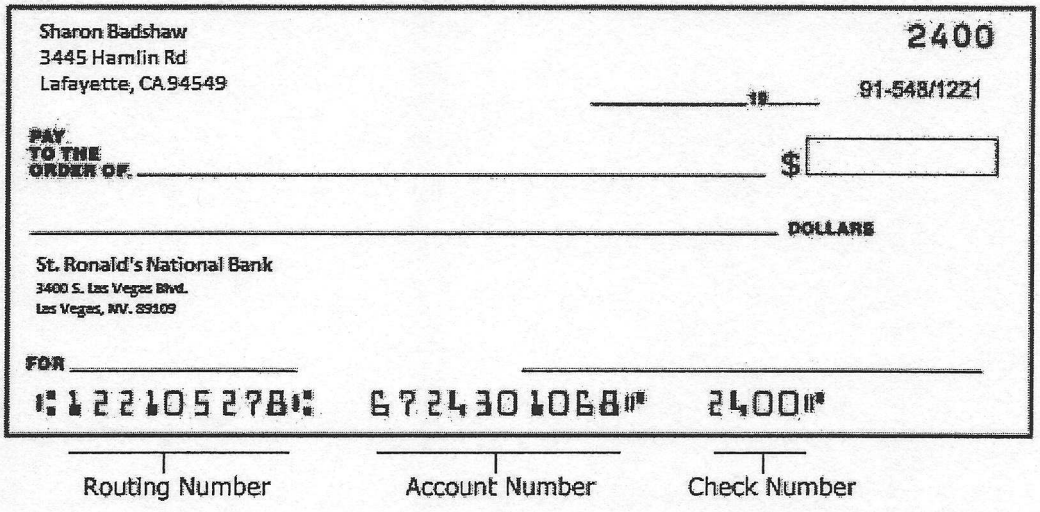
Routing Number_____ Account Number_____

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_____



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