

**DIRECT PAYMENT AUTHORIZATION FOR TUITION**

We are pleased to offer the Direct Payment Plan to have your tuition payment deducted automatically from your checking or savings account, and you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write;
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town;
- No lost or misplaced statements, your payment is always on time – it helps maintain good credit;
- It saves postage;
- It's easy to sign up for, easy to cancel;
- No late charges.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day and proof of payment will appear with your monthly bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least ten (10) days before payment date.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the authorization form below and return it to us.

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize ABERDEEN CATHOLIC SCHOOL SYSTEMS, INC., to initiate entries to my checking/savings account for Tuition as indicated on the Tuition Contract executed by me. Said entries to be made on the 10<sup>th</sup> day of each month beginning on the 10<sup>th</sup> day of \_\_\_\_\_, 20\_\_\_\_. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(Name of Financial Institution)

(Branch)

(City)

(State)

(Zip Code)

(Name – Please Print)

(Email Address - Please Print)

(Address – Please Print)

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_  
(between symbols on the bottom left of your check)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**RETAIN FOR YOUR RECORDS**

I authorized Aberdeen Catholic School Systems, 1400 North Dakota Street, Aberdeen, South Dakota, telephone number 605-226-2100, to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization at any time in writing to the above address.

Tuition deduction: \$ \_\_\_\_\_