Holy Rosary School
Payment Authorization 2009-2010

ES2344

If you would like to have automatic withdrawal for 2009-2010 payments, please complete this form and return it to the school office. If you already have automatic withdrawal, you will still need to complete the form and choose your payment plan for the new school year, as well as state the new payment amount.

Student Name	**Parish Env #**	**Date**

Name on Account	**Address**
Telephone	**Email**

Authorization
Inception Date: _____ ❑ Renewal Authorization ❑ Change Financial Institution Account
❑ New Authorization

Payment Plan – Transferred on the 10th of each month

Tuition	❒ 12 Month Tuition Plan *(July through June)*	Monthly Tuition Payment $_____
	❒ 4 Month Plan *(July, Oct, Jan, Apr)*	Quarterly Tuition Payment $_____
	❒ 1 Month Plan *(July)*	Annual Tuition Payment $_____
❒ **Annual Fund** ***(bridges the gap between tuition charges and the actual cost of educating each child)***	❒ 12 Monthly donations of $_____	Beginning date: _____
	❒ 4 Quarterly donations of $_____	Beginning date: _____
	❒ 2 Semi-Annual donations of $_____	*(July, December)*
	❒ 1 Yearly donation of $_____	Date: _____
❒ **Fr. Mallahan Endowment Fund** ***(for continuous support of operating budget, especially financial aid to students).***	❒ 12 Monthly donations of $_____	Beginning date: _____
	❒ 1 Yearly donation of $_____	Date: _____
❒ **Scholarship Fund** ***(for immediate tuition assistance for students in need.)***	❒ 12 Monthly donations of $_____	Beginning date: _____
	❒ 1 Yearly donation of $_____	Date: _____
❒ **Band** ***(for students enrolled in JF Kennedy Band Program – 9 months.)***	❒ 9 Payments of $_____ *(September through May)*	

Please take my payment(s) directly from the account specified:
❑ Checking Account *(attach a voided check)* ❑ Savings Account *(attach a savings deposit slip)*

Routing # (between these two symbols **: :**)	Account #:

I authorize **Holy Rosary Parish** to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization. I understand there will be a **$25.00** NSF fee automatically charged to my account for any insufficient funds (NSF) transactions.

Authorized signature on my account: _____ Date: _____

Please attach a voided check (not a checking deposit slip**) or savings deposit slip.**