

St. Francis Xavier School
Authorization for Direct Payment Form
Lunch Program

I (We) hereby authorize **St. Francis Xavier School** and its financial institution, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I may revoke my authorization with St. Francis Xavier School at any time by writing to them (three days in advance of deduction) at 203 – 2nd St. SW, Dyersville IA 52040.

Routing Number: _____ Financial Institution: _____

Account Number: _____

Account Owner Name: _____

Account Type: Checking Savings

LUNCH PAYMENT: \$ _____ per month

Lunch payment will be divided equally between all accounts in family unless otherwise noted below:

\$ _____ .00 - Hot Lunch Account for: _____ (student's name)

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\$ _____ .00 - Hot Lunch Account for: _____ (student's name)

\$ _____ .00 - Hot Lunch Account for: _____ (student's name)

Payment dates will be on the banking day closest to the 10th of each month September through May.

The final tuition payment will be for the full amount due on your account.

Please tape a voided check or deposit slip to this form.

Signature: _____ Date: _____