

ACH Monthly Withdrawal Authorization

2017/2018 School Year

Authorization Type: New Authorization Change Account *(please choose one)*

Step 1

Name (as shown on bank account)	
Home Address	
Daytime Telephone Number	
Bank Name	
Bank Routing Number (nine digits)	
Bank Account Number	
Type of Account	Savings <input type="checkbox"/> Checking <input type="checkbox"/>

Step 2

Date of Withdrawal in Each Month <i>(please choose one)</i>	10 th <input type="checkbox"/>	25 th <input type="checkbox"/>
Number of payments <i>(please choose one)</i> 10 payments starting in August 12 payments starting in June	10 payments <input type="checkbox"/>	12 payments <input type="checkbox"/>

NOTE: For ACH payment methods, the school charges a one-time ACH Annual Processing Fee of \$20 per student.

Step 3

The tuition payment will be drawn on the day of the month specified above. If the day falls on a weekend or holiday, the funds will be withdrawn the next business day.

I hereby authorize the Rapid City Catholic School System to make a monthly withdrawal until tuition is paid in full. I **acknowledge** that any monthly payments not cleared for any reason will be assessed a **\$20.00** processing fee.

Signature of account holder

Date

Mail or deliver form to 424 Fairmont Blvd. Rapid City, SD 57701. If you would like help completing this form, please contact the Business Office at 348-1477 x-117



A voided check is required for all **new** or **changed** accounts. Please attach the voided check to this form.

*White copy/Original – Business Office
Yellow copy/Copy – Account holder*