

**ALL ACH PAYERS MUST COMPLETE A NEW ACH PAYMENT FORM**  
**AUTHORIZATION FOR AUTOMATIC PAYMENT**

I authorize Cathedral High School and the bank listed below to initiate automatic payments from my checking or savings account. This authority will remain in effect until I notify Cathedral High School in writing to cancel it at such time as to afford Cathedral High School and the bank a reasonable opportunity to act on it. You can stop payment on any entry by notifying Cathedral High School 5 days before the Account is to be charged.

**TAKE PAYMENT FROM THE FOLLOWING ACCOUNT:**

Financial Institution Name: \_\_\_\_\_

Checking \_\_\_\_\_ / \_\_\_\_\_ (Attach Voided Check)  
Routing & Account Numbers

Savings \_\_\_\_\_ / \_\_\_\_\_ (Have bank provide Routing & Transit # (RTN) & Account #)  
Routing & Account Numbers

To be taken out on the:     15<sup>th</sup>     27<sup>th</sup>     Both  
 Every other Friday

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

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

Print Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_