

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

Savings _____ Have bank provide Routing and
Transit # (RTN) & Savings Account #

To be taken out on the 15th 27th Both

Signature: _____

Date: _____

Print Name: _____

Phone Number: _____