AUTHORIZATION FORM (Electronic Funds Transfer)

St. Boniface

ES13521 Tuition

FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE	
Effective date of authorization: Type of Authorization:		 □ New Authorization □ Change credit card information □ Change payment amount □ Discontinue electronic payment □ Change payment date 			
Last Name			First Name		
Address					
City				State	Zip
Email Address					
DATE OF FIRST PAYMENT:		FREQUENCY OF PAYMENT: (check only one) Weekly – Mondays One-time Semi-Monthly – 1 st and 15 th Monthly on the 1 st Monthly on the 15 th		FUNDS AND AMOUNTS: Regular Tuition \$ Preschool Tuition \$ Regular Registration \$ Preschool Registration \$ Extended Daycare \$ Hot Lunch \$ Scrip (no credit cards) \$	
CHECKING / SAVINGS	□ Savings Account (contact your financial institution for Routing #) □ Checking Account (attach a voided check below) Account				
	Please charge my payment to my (check one):				
CREDIT CARD	Credit Card Number:			Expiration Date:	
	Name on Card:				
	Billing Address (if different from above):				
	I authorize the above organization to charge my credit card in accordance with the information above. Signature (as it appears on the credit card):				