

EPIPHANY CATHOLIC SCHOOL

inspiring mind and soul

Automatic Withdrawal Authorization Form Checking or Savings Accounts 2017-2018

Tuition amount due for 2017-2018 school year \$ _____
(Located on Tuition Agreement)

Choose one of the options below:

Payment withdrawal on the 1st monthly \$ _____ Total tuition divided by 10

Payment withdrawal on the 15th monthly \$ _____ Total tuition divided by 10

Payment withdrawal on the 1st and 15th \$ _____ Total tuition divided by 20

Every other Friday starting July 7th \$ _____ Total tuition divided by 20

Every other Friday starting July 14th \$ _____ Total tuition divided by 20

Every Friday starting July 7th \$ _____ Total tuition divided by 40

Checking Account (attach a voided check)

Savings Account (attach a savings withdrawal slip)

I understand this authorization will remain in effect until I (we) notify Epiphany Church in writing or by phone with Accounting, that I (we) wish to revoke this authorization. I (we) understand Epiphany Church requires at least three business days prior notice to cancel. Authorization will remain in effect until balance is paid in full.

Signature Required _____

Date _____

Please attach a voided check or savings withdrawal from financial institution here.