



**ST. JOSEPH
MARQUETTE**
CATHOLIC SCHOOL
EST. 1875

ACH/Debit Authorization Authorization Agreement For Electronic Debits

I (we) hereby authorize St. Joseph Marquette School (SJMMMS) to initiate debit entries to my (our) account indicated below at the financial institution named below. Tuition, aftercare, and bus fees that are reported on my monthly statement will be deducted on the 10th of the month following the statement. Registration, books and material, art, science, and miscellaneous fees shall be paid directly to the school through arrangements made with the school bookkeeper.

Financial Institution _____ Branch _____

Bank address _____

Routing/Transit Number: _____ Account Number: _____

Type of account: _____ checking _____ savings (if selecting savings, please contact your bank for the correct routing number)

This authority is to remain in full force and effect until SJMMMS has received written notification from me (us) of its termination in such time and in such manner as to afford SJMMMS and the Financial Institution a reasonable opportunity to act on it.

Print individual name

Print individual name

Signature

Signature

Date

Date

Submit form to:

**Paula Mattson, Bookkeeper
St. Joseph Marquette School
202 N 4th St
Yakima, WA 98901**

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM AND RETAIN A COPYH OF THE FORM FOR YOUR RECORDS.