

**St. Michael Catholic School  
Tuition & Fees ACH Authorization  
2024-2025**

**ACH AUTHORIZATION**

I (we) authorize St. Michael Catholic School and Parish of Lincoln, NE to initiate debit entries to my (our) checking indicated below and the bank named below to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

*Tuition + Ed Tech Fees + Supply Fee ÷ 10 months = Amount of monthly debit*  
\$ \_\_\_\_\_

Monthly withdrawals will be initiated on or after August 1, 2023

**Withdrawals will be made on the 1<sup>st</sup> or the 15<sup>th</sup> of each month.**

**Please deduct on the following:**  1<sup>st</sup> of the month

(Check one)  15<sup>th</sup> of the month

**\*Please attach a voided check\***

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ ABA No: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Disclosures**

This authority is to remain in full force and effect until St. Michael has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Parish and Bank a reasonable opportunity to act on it. In no event shall notice be effective with respect to entries processed by the Parish/ School prior to receipt of notice of termination. I understand that I (we) are responsible for all banking fees resulting from insufficient funds being available in my account when the transfer is initiated by the Parish/ School according to my instructions.

I (we) further authorize St. Michael to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the Bank to accept and to credit or debit the amount of such entries to my (our) account.

I (we) have the right to stop payment of any entry by notification to Bank prior to the posting of item to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the National ACH Association as now or hereafter in effect and agrees to be bound thereby.

Name(s): \_\_\_\_\_

Signed: \_\_\_\_\_

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