

**AUTHORIZATION FORM
ELECTRONIC FUNDS TRANSFER (EFT)**

STAPLE VOIDED CHECK HERE

I authorize Highland Catholic School, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I understand there will be a \$25.00 fee automatically charged to my account for NSF transactions. The amount to be charged to my account is listed under the description area on the front of this Enrollment and Tuition Contract.

NAME OF FINANCIAL INSTITUTION

BRANCH

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME - PLEASE PRINT

ADDRESS - PLEASE PRINT

CHECKING

OR SAVINGS

ACCOUNT NUMBER

FINANCIAL INSTITUTION ROUTING NUMBER (9 DIGITS ALONG THE BOTTOM OF YOUR CHECK)

CHANGES TO THE INFORMATION PROVIDED ON THIS ENROLLMENT AND TUITION CONTRACT

EXTRAORDINARY CIRCUMSTANCES

MUST PROVIDE EXPLANATION	Due to extraordinary circumstances explained below, I cannot participate in the electronic funds transfer (EFT). I will remit payment by check or credit card according to the payment schedule selected on the Enrollment and Tuition Contract.		
	Explanation		
	<input type="checkbox"/> I will pay by check		
	<input type="checkbox"/> I will pay by credit card. I authorize Highland Catholic School, Inc. to charge my credit card (Visa, Mastercard, American Express) according to the schedule selected on the Enrollment and Tuition Contract.		
	ACCOUNT NUMBER	EXPIRATION	TYPE OF CARD
	FULL BILLING ADDRESS OF CARD TO BE CHARGED		
SIGNATURE OF CARD HOLDER			