

**MONTINI CATHOLIC HIGH SCHOOL
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Name: _____
As Appears on Account or Credit Card (Please Print)

Email: _____
Parent Email

Telephone: _____ **Cellular:** _____

Student Name : _____ **Student ID#:** _____

I (We) hereby authorize Montini Catholic High School, hereinafter called MCHS, to initiate entries to my (our) account indicated below and to charge or debit the account.

Please select one:

Complete the following information for ACH debit or attach a voided check.

1. **ACH** (automated bank to bank transfer) **Bank Name:** _____

Routing # _____ **Account #** _____

Complete the following information if selecting CC payment.

2. **Credit Card Authorization** (2% processing fee applies) **Debit cards are processed as credit cards and the 2% fee applies.**

Circle One: Visa Mastercard Discover

Account Number: _____

Expiration Date _____ **CVV#** _____

This authority is to remain in full force and effect until MCHS has received notification from me of its termination in such time and manner as to afford MCHS a reasonable opportunity to act on it. Payments are made over a ten month period beginning July 10 of the current school year and shall be one tenth of the tuition.

Please return form to MCHS attention Barbara Pauley

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____