



## HTCS Monthly Electronic Draft Tuition Program

Holy Trinity Catholic School offers an Electronic Draft Payment option for those families paying their tuition on a **Monthly Basis**. If you would like to participate in this program, please complete the form below and return it to the office no later than **July 28th**. The forms will be processed and the first tuition payment will be drafted from your account on **August 10, 2017**, and the 10<sup>th</sup> of each month thereafter for the total 9 payments. *Please make your July payment in the office.* A payment will not be drafted in February, due to registration commitments.

We hope that this service will help you, as well as HTCS, to insure that tuition is paid in a timely fashion each month.

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**Holy Trinity Catholic School Debit Authorization Form**  
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)  
**(Note: Return to HTCS no later than July 28, 2017)**

\_\_\_\_\_  
(Student(s) Name(s) — please print)

\_\_\_\_\_  
Date

### **Electronic Draft Authorization**

Available ONLY for "Monthly" Installment Tuition Payment

I authorize Holy Trinity Catholic School, herein after called COMPANY, and my financial institution named below, hereinafter called DEPOSITORY, to initiate electronic debit/withdrawal entries to my checking account and if necessary, credit entries and adjustments for any debit entries in error. This authority will remain in effect until I notify COMPANY in writing to cancel it in such time as to afford HTCS and the financial institution a reasonable opportunity to act upon the request. I understand that changes in tuition will result in changes in the amounts of my payments and I hereby authorize such changes. I further understand that by selecting this "monthly" payment option, I am responsible for monthly electronic debit tuition payments to HTCS. Should I change my financial institution, I accept the responsibility of notifying HTCS in a timely manner so that scheduled electronic debit payments are not interrupted.

\_\_\_\_\_  
Customer Name(s)  
(Please print as recorded on the account)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Bank Name \_\_\_\_\_  
Transmit ABA Routing #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_  
Account #: \_\_\_\_\_

Attach a Voided Check Here