



Electronic Fund Transfer Form

School Year 2009-10

AUTHORIZATION FOR AUTOMATIC TRANSFER

NAME :	_____
ADDRESS:	_____

I (we) hereby authorize Assumption of BVM/Granger to initiate debit entries to my (our) account indicated below at the depository named below, hereinafter, called Bank, to debit the same to such account.

Bank Name:	_____		
Bank Address:	_____		
Bank City:	_____	State: _____	Zip: _____
Bank Telephone #:	_____	Account Type: (Place x in appropriate box)	
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number:	_____	Account Number:	_____
*Please attach a voided check with this form.			

This transfer is initiated for the sole purpose of tuition to Assumption Catholic School each month in the amount of \$ _____ beginning September 1st or 15th (Place x in appropriate box). This authorization is to remain in full force until April 30th.

Signed and agreed to this day of _____

AUTHORIZATION

Printed Name(s)

Signature(s)

ACKNOWLEDGEMENT

Printed Signor for Assumption Catholic School

Signature

The information provided here is a true and accurate record and we (Assumption Catholic School) are eligible to authorize the transaction above.

