



Electronic Fund Transfer Form

School Year 2011-12

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)
 Checking 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.

