

AUTOMATIC ELECTRONIC TUITION PAYMENT ENROLLMENT

SCHOOL NAME **St. John-Sacred Heart**
 PO Box 78
 Sherwood, WI 54169

I (we) hereby authorize **St. John-Sacred Heart School** hereinafter called **SCHOOL**, to initiate debit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit the same to such account.

DEPOSITORY NAME (Your Financial Institution)	TRANSIT/ABA (ROUTING) NUMBER
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ACCOUNT TYPE: CHECKING _____ SAVINGS _____ * PLEASE ATTACH A VOIDED CHECK OR SAVINGS TICKET	ACCOUNT NUMBER
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This authority is to remain in full force and effect until **SCHOOL** and **DEPOSITORY** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **SCHOOL** and **DEPOSITORY** a reasonable opportunity to act on it. I (or either of us) have (has) the right to stop payment of a debit entry by notification to **DEPOSITORY** at such time as to afford **DEPOSITORY** a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by **DEPOSITORY**, provided I (we) send written notice of such debit entry in error to **DEPOSITORY** within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

DOLLAR AMOUNT TO BE DEBITED: \$ _____	ALL WITHDRAWALS WILL BE DONE ON THE 5TH OF THE MONTH.
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NAME (PLEASE PRINT)	NAME (PLEASE PRINT)
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SIGNATURE	SIGNATURE
DATE:	DATE:

113-112-001 NIP (3/87)

**Should you have any questions, please contact
Peggy Dhein at the SCHOOL Office --- 920-989-1373.**