

Holy Family Catholic Preschool Monthly Debit Authorization Agreement

Electronic Funds Transfer

I hereby authorize Holy Family Catholic Preschool to initiate a monthly electronic debit out of our Checking/Savings Account at the Depository named below on the date indicated as follows. This authorization is effective until the family withdraws their child from Holy Family Preschool.

- Please **SIGN** and **COMPLETE** the information below.
- Please attach a **VOIDED CHECK**.

Name of Depository: _____

Transit/ABA Number: _____ Account Number: _____

Account Holders Name: _____

Amount of transfer: _____

Date of Transfer – 1st, 5th, 10th, 15th or 20th (please circle) of each month!

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____