



Saint Viator High School



Automatic Debit Payment Plan Authorization Form

Mail to: Judi Salinas, Saint Viator High School, 1213 E. Oakton St., Arlington Heights, IL 60004

Student Name: _____ Student ID: _____

Payer First Name	Payer Middle Name	Payer Last Name
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Payment Plan

This form authorizes Saint Viator High School to automatically debit my checking account for tuition payments and fees (Athletic, Graduation, etc.) when due, as specified on Addendum 1 – Tuition Plans and Schedule of Fees and as agreed upon in the tuition contract. All debits will occur on the first day of the month according to the payment plan I selected in the tuition contract.

Customer's Bank Information

Bank: _____ Phone Number: () _____

Address: _____

Routing Number: _____

Account Number: _____ *(Please attach one voided check to this form)*

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until Saint Viator High School receives written notification from me of intent to terminate at such time and in such manner as to afford Saint Viator High School and bank reasonable opportunity to act (Minimum 30 days).

Changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to Saint Viator High School 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by Saint Viator High School due to NSF (Non-sufficient Funds). I will be liable to pay the NSF fee of \$15.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the bank and Saint Viator High School harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer's Signature: _____ Date: _____

Second authorized signature of bank account if required: _____ Date: _____

A cancelled or voided check from the customer's bank account must be stapled to this authorization form.