



SAINT PATRICK PARISH

THE CATHOLIC COMMUNITY OF HUDSON, WISCONSIN

CATHOLIC SCHOOL

Saint Patrick School Automatic Payment Plan Information

- Please complete the authorization form and attach a voided check from your personal checking account.
- Saint Patrick School partners with its bank to set up the electronic transfer of funds between your bank account and the school's account.
- Payments are withdrawn from your account on the **15th** of the month:
 - **For Preschool** – monthly tuition is deducted *beginning October 15 and ending June 15 (9 months)*.
 - **4K Wraparound and K-8** – monthly tuition is deducted *beginning September 15 and ending June 15 (10 months)*.
 - **Before and After Care** – charges are not deducted from your checking account automatically – these fees need to be paid by check or cash in the school office. You can find your balance for this and lunch accounts on Sycamore.
- If the regularly scheduled withdrawal date falls on a weekend or bank holiday, your payment will be deducted on the next business day.
- There is no participation service fee for this plan. If withdrawal attempts are returned due to insufficient funds or account closing, however, there will be a \$25 service fee.
- If your banking information changes, please contact the school office. A minimum of one week is needed to cancel payment.

Questions regarding this plan or any payment plan should be directed to

Shawn Garcia: sgarcia@stpatrickeducenr.org or 715-386-3941.



ACH Authorization for Direct Payment 2017-2018

Return to Saint Patrick School by 6-1-2017

Name _____ PHONE NUMBER _____

Please indicate below by your signature that you authorize Saint Patrick School to make withdrawals from your account beginning 9/15/17 and repeating monthly on the 15th until 6/15/18.

Signature authorizing monthly withdrawals

Date

I/We authorize Saint Patrick School to make monthly charges against the elected account. I agree to notify Saint Patrick School in writing of any changes in my account information at least one week prior to the next billing date. In the case of an ACH transaction being returned due to insufficient funds, I acknowledge that I am subject to any outstanding balance and a \$25.00 service fee, in addition to any charges my financial institution may charge. **Please initial.**

_____ I am a new family or need to update my bank, account number, and/or routing number. Please complete the information below, including adding a voided check.

New Accounts or Changed Accounts – complete the below information.

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Be Sure to Attach Voided Check.

NAME ON BANK ACCOUNT—PLEASE PRINT

NAME OF FINANCIAL INSTITUTION

BRANCH (if applicable)

My ACCOUNT NUMBER

ROUTING NUMBER