



**Sacred Heart School Tuition Payment Automatic Withdrawal Form  
2019-2020 School Year**

(Must be returned to the school office by August 15, 2019)

**Family Name on School Account:** \_\_\_\_\_

**Students:** \_\_\_\_\_

**Sacred Heart Church Parishioner:**  Yes  No

*Please choose one of the following three options:*

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       **CHECKING ACCOUNT WITHDRAWAL**

Banking Information: **(Requires a voided check)**

Bank Name: \_\_\_\_\_

Bank Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

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       **DEBIT ACCOUNT:** Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_/\_\_\_ CVC: \_\_\_\_\_

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       **CREDIT CARD:** Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_/\_\_\_ CVC: \_\_\_\_\_

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**I authorize the amount of \_\_\_\_\_ to be withdrawn from my account beginning on the \_\_\_ of (month) \_\_\_\_\_ for a (total of 10 payments/August – May or September - June) 10 months to cover the yearly tuition fee at Sacred Heart School.**

**Printed Name** \_\_\_\_\_  
**(Main Account Holder)**

**Signature:** \_\_\_\_\_  
**(Main Account Holder)**

*If you do NOT have any of the above accounts, please call or stop by the office to make alternate arrangements.*