



ST. DOMINIC SAVIO SCHOOL

9750 Foster Road

Bellflower, CA 90706 (562) 866-3617

ACH Recurring Payment Authorization Form

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Person Responsible for Payment: _____

Relationship to Student: _____ (Parent/Uncle/Aunt/Brother/Guardian, etc.)

I authorize **St. Dominic Savio School** to charge my bank account/credit card indicated below on the **5th** of each **month** for payment of my **child/children's tuition**. This Authorization will remain valid while the student(s) is/are enrolled at Saint Dominic Savio School.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

VOIDED CHECK MUST BE ATTACHED

Account Type: Checking Savings Credit Card

Total Tuition \$ _____

Name on Account _____ Monthly ACH/Credit Card Amt: _____

Bank Name _____

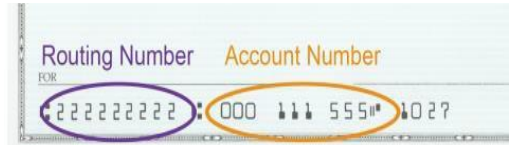
Bank Routing# (for ACH) _____

Acct No/Credit Card No. _____

Credit Card Exp. Date _____

Credit Card CVV (3 digits on back of card) _____

Number of Payments Each School Year: _____ Start Date: _____ End Date: _____



Name(s) of Student(s) Enrolled:

1. _____ Grade: _____ School Year: _____

2. _____ Grade: _____ School Year: _____

3. _____ Grade: _____ School Year: _____

SIGNATURE _____

DATE _____

(Authorized Signer on the Account)
Printed Name Serves as Signature

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **St. Dominic Savio School** in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH or Credit Card Transaction being rejected for Non Sufficient Funds (NSF), I understand that **St. Dominic Savio School** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$40 and up to \$80** charge for each attempt (5th, second attempt 20th) which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH/Credit Card transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.