



HOLY ANGELS CATHOLIC ELEMENTARY SCHOOL

230 North 8th Avenue • West Bend, WI 53095
(262) 338-1148 www.has.pvt.k12.wi.us

*Our Mission: To proclaim the Gospel, serve others, and praise God
as we grow in faith, knowledge, values, and respect.*

Authorization to Pay Tuition (automatic payment plan)

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Financial Institution: _____

____ Yes, I want to participate in the automatic payment plan. Here is my information:

Type of account: Checking Account # _____ or Savings Account # _____

Amount to apply each month beginning in September: \$ _____

Payment to be withdrawn on the 15th of the month.

Last month of withdrawal: _____

Financial Institution Routing Number: _____ *

(number appearing on the bottom of the check in bold print)

* Please attach a copy of a "void" check or deposit slip showing the Financial Institution routing number and your account number.

I (we) hereby authorize Holy Angels Parish to initiate monthly debits, beginning next month and continuing each month thereafter, for payment of my school tuition and for the financial institution specified by me to pay the amount from my checking or saving account. I understand that both Holy Angels Parish and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in writing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Date _____ Signed _____