



AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Amount to be withdrawn each month for school tuition \$ _____ Extended Care \$ _____

Other instructions:

Begin automatic withdrawal on this date ____/____/____

Make withdrawal per this schedule

____ Monthly on the 1st

____ Monthly on the 15th

____ Twice a month on the 1st and 15th

____ Other withdrawal schedule _____

Please note that St. Edward School will charge a \$20 fee for non-sufficient funds or denied charges.

Make withdrawal from

____ savings account (contact your financial institution for routing number or attach a deposit slip)

____ checking account (attach a voided check)

I authorize St. Edward School and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature _____ Date _____

NO FEE

Charge my tuition to my credit card ____ Visa ____ MasterCard ____ American Express ____ Discover

Credit card number _____ Expiration date _____

Name on card _____

Billing address (if different from above) _____

I authorize St. Edward School and Vanco Services, LLC to charge my credit card in accordance with the information above.

Signature _____ Date _____

VANCO CHARGES A PER TRANSACTION FEE OF 3.5% OF AMOUNT