

MARY, QUEEN OF
HEAVEN SCHOOL



TUITION PAYMENT AUTHORIZATION INFORMATION

NAME: _____
Name or names that appear on the account.

SOCIAL SECURITY NUMBER: _____

INSTITUTION ROUTING NUMBER: _____
Nine digit number beginning at far left bottom of check.

ACCOUNT NUMBER: _____

By signing this form I am authorizing Mary, Queen of Heaven to automatically debit the above mentioned account on a monthly basis beginning August 5th _____, August 15th _____ August 25th _____ (please check the date of your choice) and monthly thereafter in the amount of \$ _____ for 10 consecutive payments beginning in August 2010 and ending in May 2011.

SIGNATURE _____ **DATE:** _____

*******Please attach a voided check*******