Assumption High School

Debit Payment Authorization Agreement

I authorize Assumption High School to initiate debit entries to my account at the financial institution named below. Revocation requests must be received in writing.

Bank Name _____

Routing # _____ Amount Authorized _____

Account # _____ Circle One: Checking or Savings

Circle One: 1st of the month, 10th of the month or 20th of the month

I understand that Assumption will debit my account each month during the year and that each July 1 the amount debited will change to reflect my new tuition responsibility.

Student Name _____ Parent Name _____
Date _____ Signature _____