

# HOLY CROSS CCD RELIGIOUS EDUCATION

1010 JEFFERSON STREET  
MENDOTA, IL 61342

## AUTHORIZATION AGREEMENT AUTOMATIC DEDUCTION OF TUITION

This new form Must  
be signed and turned  
in if total payment is  
not made up front...

I hereby authorize HOLY CROSS CHURCH to initiate debit entries and if necessary any debit or credit adjustments for entries made in error to my account.

Authorization is given for the following account:

Bank's Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

I choose to pay the CCD tuition in monthly installments, or quarterly (Aug. Nov. Feb. April)

\_\_\_\_\_ Deduct monthly on: \_\_\_\_\_ 1<sup>st</sup> of the month or, \_\_\_\_\_ 15<sup>th</sup> of the month.

\_\_\_\_\_ Deduct Semi-Monthly on \_\_\_\_\_ 1<sup>st</sup> & 15<sup>th</sup> of the month.

\_\_\_\_\_ Deduct Quarterly on Nov. 14<sup>th</sup> - Feb. 13<sup>th</sup> and May 14<sup>th</sup>.

\_\_\_\_\_ Other description \_\_\_\_\_

(I understand that any charges due to NSF debits will be my responsibility and paid by me).

This authorization shall remain in effect until such time I give HOLY CROSS CHURCH written notice to terminate this authorization or until tuition due is fully paid.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **THANK YOU FOR USING DIRECT DEBIT**

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM  
(If you used direct debit last year a voided check is not required)