



## Your future StArts with us.

### Authorization Agreement for Electronic Funds Transfer (EFT) 2018 – 2019

Please complete the following EFT Authorization Form and attach a voided check. ***If your banking information has not changed and is already on file in the office, it is not necessary to attach a voided check.*** However, we MUST have an authorized signature each year.

I hereby authorize St Athanasius School to debit entries to my \_\_\_\_\_ checking \_\_\_\_\_ savings (select one) account for the purpose of obtaining funds that are owed to St. Athanasius School and if necessary to initiate credit entries and adjustments for any debit entries in error.

Date of Withdrawal

\_\_\_\_\_ 1<sup>st</sup> of every month (September – May) August will need to be paid by check at Business Day.

\_\_\_\_\_ 15<sup>th</sup> of every month (August – May)

\_\_\_\_\_ 1<sup>st</sup> of every quarter (October, January, and March) August will need to be paid by check at Business Day.

\_\_\_\_\_ 15<sup>th</sup> of every quarter (August, October, January, and March)

\_\_\_\_\_ **My banking information has NOT changed, please use information on file in the office.**

\_\_\_\_\_ **My banking information is not on file in the office. I will attach a voided check.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**