

PIUS X HIGH SCHOOL

ACH AUTHORIZATION FOR AUTOMATIC PAYMENT

I (We) hereby authorize PIUS X HIGH SCHOOL to initiate debit entries to my(our) checking or savings account as indicated on this form.

Student Name: _____

Parent Name(s): _____

If you are currently using the auto pay option and would like to continue please **circle** that choice. It is not necessary to fill out the bank information.

NEW

CONTINUE

CHANGE

CANCEL

Financial Institution Name: _____

Financial Institution 9 digit Routing Number: _____

Account Number: _____

This authorization will remain in effect until Pius X High School has received written notification to cancel the agreement.

Signature: _____

Print Name: _____

Date: _____

A copy of a voided check would be appreciated, but not required, to authenticate the information listed above. If you have any further questions please call the Business Office at Pius X High School 402-488-0931.