

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

BETHLEHEM HIGH SCHOOL

TAX ID 61-0592028

Please return to: Attn: Bookkeeper
309 W. Stephen Foster Ave.
Bardstown, KY 40004.

I authorize Bethlehem High School to establish automatic payments from my bank account for the purpose of tuition. Tuition payments by bank draft will remain in effect for the amount and time period as indicated below. I understand that any changes to my account must be made by me through Bethlehem High School at least ten (10) days prior to the withdrawal date.

STUDENT(S) NAME: _____

PERSONAL INFORMATION (Person responsible for payment. Name must match bank account information.)

Name _____ Daytime Phone # _____

Address _____ Evening Phone # _____

City _____ State _____ Zip _____

_____ Checking _____ Savings (Do not use a passbook type savings account)

FOR CHECKING ACCOUNTS, ATTACH A VOIDED CHECK – NO DEPOSIT SLIPS.
FOR SAVINGS ACCOUNTS, PROVIDE SAVINGS ACCOUNT NUMBER.

Bank Name _____ Phone # _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Withdrawal Date _____^{5th} _____^{20th} (for 10 months) Month of first payment July

Total Balance Due \$ _____ Amount of each payment \$ _____

This authority is to remain in full force and effect until Bethlehem High School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bethlehem High School, and its bank a reasonable opportunity to act on it.

Bank fees charged for returned payments will be applied to your account.

_____ Date _____
Responsible Party Signature Required
(Signature must match name listed above)