



All Saints Catholic School
Payment Authorization Form



Family Name: _____ Phone#: _____

Students: _____

Cabrini Parishioner: ___ Yes ___ No

Monthly Amount: _____

Would you like your statement emailed to you? Email: _____

Please choose one of the following THREE options:

CHECKING ACCOUNT WITHDRAWAL (Requires a voided check)

Bank Name: _____

Bank Account #: _____

Bank Routing #: _____

DEBIT ACCOUNT CREDIT CARD:

Name on card: _____

Billing Address: _____ City: _____ State _____ ZIP _____

Card Number: _____ Expiration: ___/___ CVC: _____

Choose from the following & sign below:

I authorize the amount of _____ to be withdrawn from my account for a uniform/spirit wear purchase.

I authorize the amount of _____ to be withdrawn from my account on (date) _____ for a single tuition payment.

I authorize the amount of _____ to be withdrawn from my account beginning on the _____ of (month) _____ for a (total of 10 payments/Aug. – May) 10 months to cover the yearly tuition fee at All Saints Catholic School.

Printed Name: _____ Signature: _____

(Main Account Holder)