

**St. Joseph School  
Mr. Jerry Van Dyke  
128 W Humbird Street  
Rice Lake, Wisconsin 54868  
715-234-7721 ext. 4**

*General Information: This service is being offered to you at no additional cost added on to your tuition. In the event a payment may be rejected by your financial institution, you will need to make a physical payment for that month. (Second attempts for that month are not done) At any time if you need to make changes or stop withdrawals contact the School Office at the number listed above, **no less than 7 working days before the scheduled withdrawal.***

Detach here keeping the information above for your reference throughout the year.  
Turn in the lower portion.

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### **Direct Payment Plan Authorization Form**

**Deadline to begin September withdrawals: July 31, 2018**

#### **Authorization for Direct Payment**

I authorize St. Joseph Catholic Congregation, Inc. to initiate electronic debit entries to my \_\_\_\_\_ checking account \_\_\_\_\_ savings account for payment of my monthly tuition. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law. This authority will remain in effect until August 31<sup>st</sup>, 2019.

Frequency **Twelve Equal** Payments Beginning: (Check One)

\_\_\_\_\_ 1<sup>st</sup> of the month beginning September 1, 2018 and ending August 1, 2019.

\_\_\_\_\_ 15<sup>th</sup> of the month beginning September 15, 2018 and ending August 15, 2019.

**NOTE: If the 1<sup>st</sup> or the 15<sup>th</sup> falls on a weekend or holiday, payment will be taken the following business day.**

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

Financial Institution Name: PRINT \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Financial Institution Routing/Transit Number: \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

**Amount to be debited:** \$ \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date of Your Signature

For accuracy purposes attach a voided check or deposit ticket.