



1111 Marshall Street  
Boone, Iowa 50036  
Phone (515)432-4124  
www.shboone.com

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## 2023-24 AUTOMATIC PAYMENT AUTHORIZATION (ACH Payments)

I/We authorize Sacred Heart School to initiate debit entries to my/our account at the DEPOSITORY (Bank) identified below, for the purpose of accomplishing the following preauthorized payments:

EFFECTIVE DATE: **August 5 or August 15** (Please CIRCLE which date you prefer for the first withdrawal for the 2023-24 school year)

AMOUNT: \$\_\_\_\_\_ (Leave blank if you receive tuition assistance/MLTF and the amount will be calculated after those aid awards are made)

DEPOSITORY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ CHECKING: \_\_\_\_\_ SAVINGS: \_\_\_\_\_

**WITHDRAWALS WILL BE MADE ON THE 5<sup>th</sup> OR 15<sup>th</sup> OF EACH MONTH, FOR 12 MONTHS.**

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until canceled by either party providing a 30-day written notification to the respective party of its termination.

NAME(S) (PRINT): \_\_\_\_\_

FAMILY/STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Please staple a voided check here\*\***

Sacred Heart School provides a rigorous Catholic education supported by Church, parents, community, faculty, and staff to prepare our students in an atmosphere that honors God and allows individuals to meet their maximum potential.