



PAYMENT METHOD AUTHORIZATION FORM

PLEASE SELECT ONE OF THE FOLLOWING:

1) **AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS):**

I (we), _____ hereby authorize The Parish School to initiate debit entries to my (our) ___checking or ___ savings account (select one) indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. Payment amounts and processing dates of Direct Debits are based on the payment option selected in the signed Enrollment Contract or Optional Program Enrollment Form for the 2016-2017 school year.

Please complete this section and attach a voided check :

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

2) **AUTHORIZATION AGREEMENT FOR CREDIT CARD TRANSACTION PROCESSING:**

I (we), _____ hereby authorize The Parish School to process credit card transactions to my (our) credit card noted below. Amounts and processing dates of credit card transactions are based on the payment option selected in the signed Enrollment Contract or Optional Program Enrollment Form for the 2016-2017 school year. **We acknowledge that by selecting to pay via credit card an additional 3.75% service fee will be applied to my account to cover credit card processing costs.**

Please complete this section:

Card number _____ Expiration date _____ CVV code _____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE PARISH SCHOOL HAS RECEIVED WRITTEN NOTIFICATION FROM ME (US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE PARISH SCHOOL AND ANY DEPOSITORY FINANCIAL INSTITUTION INVOLVED A REASONABLE OPPORTUNITY TO ACT ON IT.

Name(s) _____ Date: _____

Signature(s): _____