



**St. Joseph School**

**520 East Chestnut Street • Olney, IL 62450**

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email: office@stjoeolney.com

PH 618-395-3081  
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**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

**ST. JOSEPH SCHOOL**

**TAX ID NUMBER 37-0682992**

I hereby authorize *St. Joseph School*, hereinafter called COMPANY, to initiate debit entries to my  
[ ] Checking Account [ ] Savings Account (select one) indicated below and the Financial  
Institution named below to debit same to such account.

**FINANCIAL INSTITUTION** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TRANSIT/ABA #** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY AND Financial Institution have received written notification from me of its termination in such time and in such inner as to afford COMPANY and Financial Institution reasonable opportunity to act on it.

**NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**10 Monthly Payments beginning August 25, 2019 through May 25, 2020**

**AMOUNT TO BE DEBITED** \_\_\_\_\_

**DATE OF MONTHLY DEBIT** \_\_\_\_\_ **25<sup>th</sup> August-May** \_\_\_\_\_

\*\*\*Please attach a **VOIDED** check or deposit slip.