



AQUINO

SCHOOLS

2018-19 Automatic Payment Release

I authorize Aquino Catholic Schools to initiate entries to my checking/savings account. This authority will remain in effect for the dates as specified below. I can stop payment on any entry by notifying Aquino Catholic Schools 5 days in advance of the due date.

Name of Financial Institution

City

State

Signature

Print Name

Print Address

Account No _____

Account Type: Checking Savings (please circle one)

Financial Institution Routing Number _____
(between the symbols |: |: on the bottom left of your check)

On _____, I authorize

Aquino Catholic Schools . 1419 S. Galena Ave . Freeport, IL 61032 . Phone 815-235-3154

to initiate electronic entries to my checking/saving account and have agreed to the terms list on the authorization. I can revoke my authorization with you at any time by writing to the address above (or email) to be received by Aquino Catholic Schools 5 days in advance of the specified date.

Payment amount: \$ _____

Start date _____

____ Monthly ____ Bi-Monthly

Termination Date _____