



## Authorization Agreement for Preauthorized Childcare Payment Withdrawals

\_\_\_\_\_ please check here for: **Wauwatosa Catholic School – Childcare**

I (we) hereby authorize Wauwatosa Catholic School to initiate debit entries to my (our) bank account indicated below and to deposit them in the account of Wauwatosa Catholic School. The childcare services amount will be withdrawn from the designated account on the 15th and last work day of each month for the amount due as of that date. The withdrawal amount is subject to adjustment for NSF fees assessed from a previous transaction.

(If the 15th falls on a weekend or bank holiday, the withdrawal will be effective on the following business day. If the 31st (or last day of the month) falls on a weekend or bank holiday, the withdrawal will be effective on the previous business day.)

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Transit/ABA No: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authority is to remain in full force and effect until Wauwatosa Catholic School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Wauwatosa Catholic School and my (our) bank a reasonable opportunity to act.

Print Name #1: \_\_\_\_\_  
Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_

If this is a joint account, please complete the following:

Print Name #2: \_\_\_\_\_  
Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_

**A voided check from the account listed above must be attached to this form**