



**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
BEFORE/AFTER SCHOOL CARE - PAYMENT WITHDRAWALS
WAUWATOSA CATHOLIC SCHOOL**

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 The child care services amount will be withdrawn from the designated account on the 15th **and** on the last work day of each month for the amount due as of that date.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.

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

EFT will take 10 business days to process after receiving the banking information.

Name of Bank: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Transit/ABA No.: _____ Account No.: _____

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.