

CHURCH OF SACRED HEART

405 S. Henrietta ~ P.O. Box 870 ~ Effingham, IL 62401

Phone 217-347-7177 ~ Fax 217-347-0728

Automatic Tuition Enrollment Form

I. Automatic Bank Debits

I wish to provide regular financial support to SACRED HEART SCHOOL. I hereby enroll in the Automatic Bank Debit Program and authorize SACRED HEART SCHOOL to debit my bank account for tuition & material fees payments as follows:

I wish to pay tuition & material fees in the amount of \$_____ via automatic charges to my bank account each:

Month (My bank account will be charged on the first business day of each month for the amount indicated.)

Bank Name: _____ Checking Savings

Bank Routing Number _____

Account Number _____ (Please include a voided check with this form.)

II. Member Information (Please print all information)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ E-Mail _____

Date you wish to begin automatic contribution: _____

Signature: _____ Date: _____

Signature: _____ Date: _____