



DIRECT DRAFT AUTHORIZATION **2010-2011 SCHOOL YEAR**

Please accept this letter as your authorization to draft **all tuition** due directly from my bank account each month. I understand that it is my responsibility to inform St. Anne Catholic School of any monies drafted from my account by St. Anne Catholic School that is not due to them.

BANK NAME _____

BANK ADDRESS _____

BANK TELEPHONE NUMBER _____

BANK ROUTING NUMBER (ABA) _____

BANK ACCOUNT NUMBER _____

CHECKING _____ SAVINGS _____

AMOUNT TO BE DRAFTED ON THE FIRST OF EACH MONTH \$ _____

SIGNATURE _____ DATE _____

FAMILY NAME _____ ACCOUNT # _____

PLEASE ALLOW FOURTEEN (14) WORKING DAYS FOR THIS DRAFT TO BEGIN.

Please attach a voided check.