

*OLPH School Pre-authorized Payment (Debit) Service
Authorization Agreement*

School Year 2018-2019

TAX ID NUMBER: 62-0818054

Extended Care

I (we) authorize Our Lady of Perpetual Help School and Regions Bank to electronically debit my (our) Checking Savings Account specified below for monthly **Extended Care Payments** on the 9th of the month for the **ten (10) month term Sep 9, 2018 to Jun 9, 2019.**

Name: _____
(Please print)

Bank Name: _____

Routing Number**

Account Number**

****A VOIDED CHECK MUST BE ATTACHED**

- I do hereby recognize the monthly amount withdrawn from the account I specify above may **change each month.**
- I will receive a monthly statement for my record keeping if the monthly amount changes.
- The electronic debit to my account will be taken on the 9th of each month as applicable to the authorization(s) indicated above.
- In the event the 9th falls on a non-business day, the applicable draft(s) will be taken the next regular business day.

Signature

Date

Return this document with your registration materials.

Questions, contact Carol Schaefer, 901-754-1204 ext 308, or cschaefer@olphermantown.org