Our Lady of Fatima School
2315 Johnston St.
Lafayette, La 70503

DIRECT PAYMENT AUTHORIZATION AGREEMENT

I authorize Our Lady of Fatima School (Fatima) to initiate electronic debit entries for scheduled monthly payments owed for tuition, fees or other authorized charges for _____and_____
(student name) *(student name)*
from my account at the Depository Financial Institution referred to below.

I understand that this agreement may be terminated by me or by Fatima at any time by written notification. Any such notification requires a reasonable time to process the termination.

I authorize Fatima to electronically credit my account only for the purposes of correcting an erroneous debit previously deducted from my account provided that, prior to the credit, Fatima has notified me in writing of the reason for the credit.

REQUEST FOR DIRECT PAYMENT

I request Our Lady of Fatima School to automatically deduct funds owed to them for tuition, fees and other authorized charges from my:

(***please check one***)

☐ Checking Account (**attach copy of voided check or a voided check**)
☐ Savings Account (**attach a copy of your savings account deposit ticket or please provide account number**)
#_____ at _____
(*financial institution*)
and to make adjustment entries, if necessary, only under the conditions described in the Authorization Agreement above.

Person Responsible for Tuition

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

I have read this agreement, and I understand it completely and fully.

_____ _____
Signature Date

FOR INTERNAL USE ONLY	
Routing Number	**Account Number**