



728 21ST AVENUE EAST
SEATTLE, WASHINGTON 98112

AUTHORIZATION FOR AUTOMATIC PAYMENTS

I hereby authorize Holy Names Academy to initiate debit entries for tuition, as set out in my daughter(s) enrollment contract and/or financial aid award letter, as follows:

- ____ Monthly (3rd of each month beginning May 3, 2016 through April 3, 2017)
- ____ Quarterly (May 3, 2016; August 3, 2016; November 3, 2016; February 3, 2017)
- ____ Semester (May 3, 2016 and November 3, 2016)
- ____ Annually (May 3, 2016)

By selecting this automatic payment option you also authorize Holy Names Academy to initiate a debit entry for your daughter(s) activity fee on July 3, 2016. The per student 2016-2017 activity fee is \$150 (ninth, tenth, & eleventh grades) or \$295 (twelfth grade, including graduation fee).

from the ____ CHECKING or ____ SAVINGS account (select one) indicated below, and I authorize Union Bank of California to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. In the event of an incorrect amount or entry, I authorize Holy Names Academy to reverse this transaction.

Daughter's Name _____

Daughter's Name _____

Bank Name and Phone _____

Transit Routing Number _____
(9-digit number at bottom left of check)

Account No. _____

This authorization is to remain in full force and effect through the academic year or until Holy Names Academy has received written notification from me of its termination at least 15 days prior to scheduled debit. Please note that a \$40.00 missed payment fee will be assessed for each unsuccessful withdrawal attempt.

Signed _____ Date _____ By _____
(print name)

Parent/Guardian Cell/Home Phone: _____ Work Phone: _____

Please attach a voided check or a savings deposit slip and return both copies of this form to the HNA Business Office.

Please attach here:

A VOIDED CHECK (checking account)
or
A SAVINGS DEPOSIT SLIP (savings account)