



OUR LADY OF SORROWS SCHOOL  
ACH AND CREDIT CARD MONTHLY PAYMENT FORM  
2021-2022 SCHOOL YEAR

Parent's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Parent's Email Address: \_\_\_\_\_,  
 Student's name \_\_\_\_\_, \_\_\_\_\_,

**Choose one option: *Checking Account or Credit Card***

**\* CHECK ACCOUNT-ACH (attach voided check)**

I (we) hereby authorize Our Lady of Sorrows School and Vantage Bank to make the following pre-authorized debit transaction against my (our)

( ) Checking Account \_\_\_\_\_ Bank routing # \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

1<sup>st</sup> of the month                      15<sup>th</sup> of the month

I further agree to the terms and conditions stated below.

1. OLSS may cancel this authorization at any time by sending me a written notice of cancellation. In the event I want to cancel this authorization, I will provide OLSS a written notice prior to the next scheduled payment.      Account Owner Initial(s) \_\_\_\_\_
- 2- If the payment date falls on a date the bank does not process payments. The payment will be deducted the next day the bank Processes payment.      Account Owner Initial(s) \_\_\_\_\_
- 3- If the specified account does not have sufficient available funds on deposit on the day OLSS attempts to deduct the payment, a \$35 service fee will be assessed against my account.      Account Owner Initial(s) \_\_\_\_\_

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**\* CREDIT CARD DEDUCTION**

I, \_\_\_\_\_ give Our Lady of Sorrows School authorization to deduct monthly meal and other payments authorized from the following credit card.

\_\_\_\_\_ Discover    \_\_\_\_\_ Visa    \_\_\_\_\_ Mastercard    \_\_\_\_\_ American Express

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ V Code: \_\_\_\_\_

1<sup>st</sup> of the Month                      15<sup>th</sup> of the Month

**Please indicate below what you would like to be deducted from your account:**

Meal Amount: \$ _____	Yearbook (\$45.00/September) How many _____	
Fall Raffle (October) \$ _____	Spring Raffle (April) \$ _____	Afterschool Care (\$125.00 monthly) _____
Transaction Fee: \$2.85% for credit cards		

Parent Name \_\_\_\_\_ Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_