

## OUR LADY OF SORROWS SCHOOL ACH AND CREDIT CARD MONTHLY PAYMENT 2023-2024 SCHOOL YEAR

Parent's Name	Telephone Number
Student's name,	,
Choose one option: Checking Account or Cr	redit Card
Automatic Payments will be proces	ssed on every 1 <sup>st</sup> of the month
CHECK ACCOUNT-ACH (attach voide	ed check)
I (we) hereby authorize <u>Our Lady of Sorrows Sch</u> against my (our)	nool and Vantage Bank to make the following pre-authorized debit transaction
( ) Checking Account	Bank routing #
Financial Institution Name	
I further agree to the terms and conditions stated be	elow.
	me by sending me a written notice of cancellation. In the event I want to cancel ten notice prior to the next scheduled payment.   Account Owner Initial(s)
2- If the payment date falls on a date the bank doe Processes payment.	es not process payments. The payment will be deducted the next day the bank  Account Owner Initial(s) _
rocesses payment.	Account Owner initial(s)
3- If the specified account does not have sufficien a \$35 service fee will be assessed against my	nt available funds on deposit on the day <u>OLSS</u> attempts to deduct the payment, account.  Account Owner Initial(s)
CREDIT CARD DEDUCTION	
I,	give Our Lady of Sorrows School authorization to deduct monthly
meal and other payments authorized from the following	
Discover Visa Masterc	card American Express
Name on Card:	Billing Address:
redit Card Number:	Expiration Date: V Code:
Please see below charges that will be deducted fro	om vour account.
Meal Amount: (monthly) \$ (Pk3-2 <sup>nd</sup> ) \$_(	·
Fall Raffle (October 1st) \$200.00	Spring Raffle (May 1st) \$200.00
ansaction Fee: \$2.85% for credit cards	
ansaction fee. \$2.05/0 for eleut calus	