



OUR LADY OF SORROWS SCHOOL
ACH AND CREDIT CARD MONTHLY PAYMENT
2024-2025 SCHOOL YEAR

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

Choose one option: Checking Account or Credit Card

Automatic Payments will be processed on every 1st of the month

*** 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 _____

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) _____

*** 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: _____

Please see below charges that will be deducted from your account:

Afterschool Care (monthly) \$150.00 (if registered) Miscellaneous Items: (PE Uniforms, Spirit Shirts, 8th grade Fees) as needed
Transaction Fee: 2.85% for Credit Cards

Parent Name _____ Authorization Signature _____ Date _____