



Don Bosco Catholic School Systems: Automatic Withdrawal Authorization Form (ACH)

Please complete the enrollment form, attach a voided check and return to Don Bosco High School. If you need to make a change to your withdrawal, or have any questions, please contact the High School office at 319-296-1692.

Type of Withdrawal (circle one): Monthly Quarterly Semi-Annually

Date of Withdrawal (circle one): 5th 20th

Amount for Current School Year: _____

Authorization Agreement for Preauthorized Bosco Strong Payments to Bosco Catholic School System

<p>Provide a blank/voided check or complete the following information:</p> <p>If a blank check is received, attach here.</p> <p>Bank Name: _____</p> <p>Routing Number: _____</p> <p>Account Number: _____</p>
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ACH payments will start in the month of _____ and continue through the month of _____.
ACH payments need to be updated annually to continue in September of the following school year.

I (we) hereby authorize the Bosco Catholic School System to initiate debit entries to my (our) account indicated below and the bank named below, to debit the same such account.

This authority is to remain in full force and effect until Bosco Catholic School System and the Bank named above above has received written notification from me (either of us) of its termination in such time and in such a manner as to afford Bosco Catholic School System and the bank named above reasonable opportunity to act on it.

Name(s): _____ Date: _____

Signature: _____ Signature: _____

Bosco Catholic School Systems appreciate and are so thankful for your donation and continued support.