

**For office use only:**

Original Date: \_\_\_\_\_

1<sup>st</sup> Revision: \_\_\_\_\_

2<sup>nd</sup> Revision: \_\_\_\_\_

Vanco Tuition Collection Service

St. James School

**Authorization Agreement for Automatic Withdrawal of Funds**

Student Name: \_\_\_\_\_

Name on Account/Credit Card (please print): \_\_\_\_\_

(Write your name as it appears exactly on your credit card billing.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PAYMENT INFORMATION**

Total payment amount: \$ \_\_\_\_\_

Payment date (please check one):  1<sup>st</sup>  15<sup>th</sup>

Monthly payment amount: \$ \_\_\_\_\_

Date for payments to begin: September 2011

Date for payments to end: June 2012

**CREDIT CARD** – *Do not complete this section if authorizing payment from your checking or savings account.*

Please charge payments directly to my:  Visa  MasterCard  American Express  Discover Card

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I authorize St. James School to charge my credit card as indicated above. This authority will remain in effect until I provide reasonable notification to terminate this authorization.

Signature (as it appears on the credit card): \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKING / SAVINGS ACCOUNT** – *Do not complete this section if authorizing payment from your credit card.*

Please debit payment directly from my (check one):

Checking Account – attach a voided check

Savings Account – contact your financial institution for the appropriate routing number

Routing Number: \_\_\_\_\_

Valid Routing # must start with 0, 1, 2, or 3

Account Number: \_\_\_\_\_

Memo \_\_\_\_\_  
:080989430: 0014409843 1436  
Routing Number (ABA) Bank Account Number (DDA)

I authorize St. James School and Vanco Services, LLC to process monthly debit entries from my account according to the payment information above. I understand that if payment shows up as Non-Sufficient Funds then a \$25 fee will be assessed. This authorization will remain in effect until I provide reasonable notification of its termination.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_