

A Catholic Tradition of Academic Excellence Since 1853

<u>AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)</u>

I/we hereby authorize INCARNATE WORD ACADEMY, to initiate debit entries for TUITION, BOOK/ACTIVITY FEES, ANNUAL GIVING CAMPAIGN, CAFETERIA FUNDS AND OTHER MISCELLANEOUS OUTSTANDING CHARGES from my/our depository account indicated below.

DEPOSITORY FINANCIAL INSTITUTION		
TRANSIT ROUTING NUMBERS	ACCOUNT N	NUMBER INFORMATION
IAME(S) on Account - Please Print		
DDRESS	CITY/STATE	ZIP CODE
□ CHECKING		□ SAVINGS
Date of Debit Transac	etion:	
Amount to be Debited	d	-
Student's Name:	Parent's Name:	
Signed:	Date:	

If you would like to make any changes to your deduction, please call IWA Accounting Office at 956-546-4486

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VALIDATION