

**PRINCE OF PEACE CATHOLIC SCHOOL
PARENT OR GUARDIAN ELECTRONIC FUND TRANSFER (EFT)
AUTHORIZATION FORM**

INSTRUCTIONS: This form should be completed annually.

1. Indicate the frequency and amount to be transferred.
2. Complete this form. Be sure to sign this form for your approval.
3. Please attach a deposit slip or voided Check to this form.
4. Return Form to Business Office at school.

	DATE OF WITHDRAWAL	AMOUNT
	3 RD OF MONTH	
	10 TH OF MONTH	
	14 TH OF MONTH	
	15 TH OF MONTH	
	17 TH OF MONTH	
	25 TH OF MONTH	
	28 TH OF MONTH	
	EVERY 1 ST AND 3 RD FRIDAY (EVERY TWO WEEKS)	
	EVERY 2 ND AND 4 TH FRIDAY (EVERY TWO WEEKS)	
	EVERY FRIDAY (WEEKLY)	

START DATE OF WITHDRAWAL: _____

BANK INFORMATION

Please place a check mark for the account type - checking or savings

Bank Name:		
City:	State:	Zip:
Bank (ABA) Number:	Account Number:	
Checking:	Savings:	

I (we) hereby authorize Prince of Peace Catholic School to initiate debit entries to my (our) checking account indicated below and at the depository financial institution named below. This authority is to remain in full force and effect until Prince of Peace Catholic School receives a written notification from either party of termination Prince of Peace Catholic School will need (7) seven business day notice to terminate the electronic fund transfer.

Printed Name:	Date:
Signature:	Date:
Printed Name:	Date:
Signature:	Date:

PLEASE ATTACH VOIDED CHECK OR BLANK DEPOSIT SLIP TO THIS FORM