

# Holy Family Catholic High School

## ACH Payment Agreement Form

### Tuition

Please retain this part of the form for your records

I hereby authorize **Holy Family Catholic High School**  
**8101 Kochia Lane**  
**Victoria, MN 55386**

to initiate electronic entries to my checking/savings account and agree to the terms listed on the ACH Payment Agreement Form.

**Holy Family Catholic High School Tuition**  
**Monthly payment amount: \$ \_\_\_\_\_**

After processing this application, Holy Family Catholic High School will initiate withdrawals on the first of each month. Should payment amount change, I understand that HFCBS will contact me.

----- (Cut Here) -----

**Return this part of form with voided check to the school office. Allow one month for processing.**

**Mail to:** Holy Family Catholic High School  
8101 Kochia Lane  
Victoria, MN 55386

#### AUTHORIZATION FOR AUTOMATIC PAYMENT

I hereby authorize Holy Family Catholic High School and the financial institution named below, to initiate entries in the amount of \$ \_\_\_\_\_ to my checking/savings account. This authority will remain in effect for any year I have signed a tuition contract and selected the "Monthly Installments" payment option. The amount of the entries may increase annually to fully pay the contracted tuition amount without additional authorization.

Such authority will remain in effect until I submit a written request to Holy Family Catholic High School to cancel it, in such time as to afford the financial institution a reasonable opportunity to act on my request. I can stop payment of any entry by notifying my financial institution three days prior to my account being charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever comes first.

**KleinBank**  
**1630 Arboretum Blvd**  
**Victoria, MN 55386**

Per the terms of the Holy Family Catholic High School Tuition Contract:

- ACH Payments are mandatory for those opting for 10 monthly payments.
- Transfers denied due to insufficient funds or to cancellation will be charged a \$35 NSF fee.
- Accounts more than 30 days past due will be assessed a 1% interest charge per month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address (Please Print)

Select one:

\_\_\_\_\_  
Checking Account No.

and

\_\_\_\_\_  
Financial Institution Routing No.  
(9-digit number at bottom left of check)

\_\_\_\_\_  
Savings Account No.

and

\_\_\_\_\_  
Financial Institution Routing No.  
(9-digit number)