

HOLY CROSS CATHOLIC ACADEMY
AUTOMATIC BANK DRAFT FORM

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

NAME(S) _____

I (We) hereby authorize **Holy Cross Catholic Academy**, herein called **SCHOOL**, to initiate debit entries to my (our) Checking account indicated below and the depository **Happy State Bank**, herein after called **DEPOSITORY**, to debit the same to such account.

DEPOSITORY NAME _____ HAPPY STATE BANK _____

CITY _____ AMARILLO _____ **STATE** _____ TEXAS _____

CHECKING ACCOUNT **SAVING ACCOUNT** (circle one)

TRANSIT/ABA NO. (Bank Routing Number, bottom left-hand corner of check) _____

ACCOUNT NO. (Next set of numbers after the routing number) _____

DATE FOR MONTHLY WITHDRAWAL (CIRCLE ONE) 5TH 10TH 15TH 20TH

This authority is to remain in full force and effect until SCHOOL and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SCHOOL and DEPOSITORY a reasonable opportunity to act on it.

NAME (please print) _____ **DATE** _____

SIGNATUTRE _____ **SIGNATURE** _____

ADMINISTRATOR SIGNATURE _____ **DATE** _____

Please attach a voided check to the back of this form. (This is for security reasons.)