

Monthly Authorization Agreement for Preauthorized Lunch Payments

I (We) herby authorize Gehlen Catholic School to initiate debit entries to my (our) LUNCH account.

I (We) chose the following payment option for my (our) LUNCH account. The amount will be based on payment option. (please choose one option)

1st of the month

_____ August - May
_____ Quarterly (July, Oct, Jan, Apr)

15th of the month

_____ August - May
_____ Quarterly (July, Oct, Jan, Apr)

FINANCIAL INSTITUTION INFORMATION:

Please use the account information on file: _____

Name on Account: _____

Type of Account: Checking Savings

Financial Institution Name: _____

City: _____ State: _____ Zip Code: _____

Transit/ABA Number: _____

Account Number: _____

IMPORTANT NOTICE: Please attach your VOIDED check or deposit slip to this agreement for the above financial for the above financial institutional information.

This authorization is to remain in full force and effect until Gehlen Catholic School and your financial institution has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Gehlen Catholic School and your financial institution a reasonable opportunity to act on it. After the account has been charged, you have the right to have the erroneous debit immediately credited to your account by your institution up to 15 days following issuance of statement or 45 days after posting to your back account, whichever comes first.

Signature: _____ Date: _____