



Family Last Name:							
Student 1 - First Name:							
Student 2 - First Name:							

Appendix A: Payment Authorization Form

Church, School, or Diocese Name: *Preschool of St. Patrick Catholic Church of Gretna in the Archdiocese of Omaha*

Name on Account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	

I authorize one of the following:

New Payment from Account Specified Below
(Choose either bank or credit card. Credit card must not expire before May, 2021. One account only, please).

I wish to pay preschool tuition for the entire year in one lump sum payment.
(Check Number _____ / Total \$_____)
(Attach cash or a check payable to St. Patrick Church of Gretna and receive a 3% discount. If checking this box, you do not need to complete the sections below, but please sign and date this form at the bottom).

Account Information

(Choose either Bank or Credit Card. Provide information below for one account only.)

Bank Account Information		Credit Card Information	
Bank Name	<input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>	Credit Card Type	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other <i>(provide type below)</i> _____
Account Type		<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Routing Number		Credit Card Number	
Account Number		Credit Card Expiration Date	
Authorization Effective Date / /		Authorization Effective Date / /	

Contribution Schedule

Fund Type (e.g., Sunday Offering, DSA Pledge, etc.)	Payment Schedule	Amount	Payment Start Date	Collection Date (Date for withdrawal from your account)	Down Payment (if applicable)
Tuition	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	09/___/2020		\$
Activity Fee	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> <input type="checkbox"/> One Time	\$			\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> <input type="checkbox"/> One Time	\$			\$

- Weekly 2x/Month
 Monthly 2x/Year
 Quarterly Yearly
 One Time

		\$			\$
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I authorize the Preschool of St. Patrick Catholic Church of Gretna to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized Account Signature: _____

Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.

Please note!!! Bank or credit cards must not expire before 05/2021

