



Automatic Payment Plan Agreement

Name _____

Bank or Financial Institution _____

Routing Number of Bank or Financial Institution _____

Checking Account Number _____

Savings Account Number _____

Payment Amount \$ _____ Date to withdraw (**Circle one**) **5th** or **20th**

Monthly payments begin in July and end the following June.

- I desire to budget tuition payments to Saint Thomas Aquinas Academy. I authorize Saint Thomas Aquinas Academy through the Stephenson National Bank and Trust (Bank) to automatically debit the above checking **or** savings account at the above stated institution on the day specified above.
- If a checking account is selected, a voided check must be attached. If a savings account is selected, it can not be a passbook type account.
- If my account balance is insufficient to cover the payment and the payment is missed, I agree to pay the missed payment and a \$20 service charge directly to Saint Thomas Aquinas Academy.
- I have the right to stop payment on an individual debit or to have debits changed by providing written notification to Saint Thomas Aquinas Academy within five (5) business days prior to the transfer date.
- Saint Thomas Aquinas Academy agrees to have the bank directly charge their account for the above stated fees.
- Saint Thomas Aquinas Academy, the Bank, or I can terminate this agreement at any time. However, termination must be in the form of written notification and in such a manner as to afford affected parties a reasonable time to act on it.
- I have read the document and agree to the terms listed.

Signature of Parent or Guardian _____ Date _____

Signature of School Representative _____ Date _____

Bank Acknowledgement _____ Date _____

Please cancel my automatic transfer.

Customer Signature _____ Date _____

Bank Authorization _____ Date _____