

URSULINE ACADEMY



Growth. Values. For Life.

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

I hereby authorize URSULINE ACADEMY OF WILMINGTON, DELAWARE, INC. to initiate debit entries to my account indicated below and the financial institution listed below to debit the same to such account.

FINANCIAL INSTITUTION _____

BANK TRANSIT/ABA # _____ ACCOUNT # _____

CHECKING _____ SAVINGS _____

**All participants: PLEASE ATTACH A VOIDED CHECK and RETURN THIS COMPLETED FORM.
Plan C participants: INCLUDE THE \$100 YEARLY PROCESSING FEE WITH THIS FORM.**

This authority is to remain in full force and effect until the above listed financial institution has received written notification from me of its termination in such time and in such manner as to afford the above listed financial institution a reasonable opportunity to act on it.

****If a debit occurs in which there are not sufficient funds available, there will be a \$25.00 NSF charge applied to that account. If a debit payment fails twice in a school year, you will be required to transfer to Plan A or B and may not be eligible for Plan C for the following school year.**

PARENT(S)' NAME: _____

DAYTIME PHONE: _____ EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

STUDENT(S)' NAME: _____

.....
TUITION \$ _____ LESS DEPOSIT \$ _____

SCHOLARSHIP \$ _____ FINANCIAL AID \$ _____ TUITION TOTAL \$ _____

BUS FEE \$ _____ LESS DEPOSIT \$ _____ BUS TOTAL \$ _____

EXTENDED DAY \$ _____ LESS DEPOSIT \$ _____ EXT. DAY TOTAL \$ _____

TOTAL DUE \$ _____

MONTHLY \$ _____

For questions; please contact Leigh Perillo at lperillo@ursuline.org.