

**Lexington Catholic HS
Tuition
Debit Authorization Form**

(Must be completed even if continuing from the previous year.)

I (we) hereby authorize **Lexington Catholic High School** (The Company) to initiate debit entries to my (our) checking/savings account at the Financial Institution listed below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

Financial Institution (Bank): _____

City-State: _____

Financial Institution's Routing Number (Bank): _____

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

Customer(s) Name (Please Print): _____

Bank Account Number: _____ Checking Savings

Date for funds to be drafted: 1st day of the month 15th day of the month

Email address: _____

Please attach a copy of a voided check if applicable

**Deadline for Automatic Tuition Withdrawal
JUNE 1, 2012**

For questions regarding auto debit, tuition, or this debit authorization for please contact:
Linda Hay (859) 277 7183 ext 242 lhay@lexingtoncatholic.com

Lexington Catholic High School ♦ 2250 Clays Mill Road ♦ Lexington KY 40503-1797