

**COMMERCE EXPRESSPAY
CREDIT/DEBIT AUTHORIZATION FORM**

I (We) hereby authorize ST. FRANCIS SCHOOL to initiate entries to my checking/savings accounts at the financial institution listed below , and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until ST. FRANCIS is notified by me (us) in writing to cancel it in such time as to afford ST. FRANCIS SCHOOL and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution

(Address of Financial Institution – Branch, City, State & Zip)

Signature	Date
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Name – Please Print

Address – Please Print

Amount Per Payment: _____ **Maximum Amount:** _____

Number of Payments: 12
Beginning Date of Payments: June to May
Draft Date: 12th of each month

Checking Account Number _____

Financial Institution Routing Number: _____
(Look between these symbols (:)) on the bottom left of your check)

PLEASE ATTACH VOIDED CHECK: