

**PLEASE RETURN WITH OTHER FORMS**

**St. Francis School - School Year 2016-2017  
COMMERCE EXPRESSPAY  
CREDIT/DEBIT AUTORIZATION FORM**

**PARENTS: IF THE BANKING INFORMATION IS THE SAME AS LAST YEAR,  
PLEASE MARK "SAME" ON FORM, DATE IT AND SIGN IT.**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Amount Per payment: \_\_\_\_\_ Maximum Amount: \_\_\_\_\_

Number of Payments: \_\_\_\_\_

Beginning & End Date of Payments: **June 12<sup>th</sup> to May 12<sup>th</sup>.**

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 SCHOOL 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

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Address – Please Print

**Draft Date: 10<sup>th</sup> 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**