

St. Mary Catholic Schools

812 N. State Ave Dell Rapids, SD 57022 (605) 428-5591 (605) 428-5377 (Fax)



Electronic Funds Transfer Authorization Form 2021-2022

| Printed Name: | Date: |
|---|---|
| Address: | |
| City, State, Zip: | Phone: |
| Amount to be transferred the 15 th of every month, sta months \$ | rting August 15, 2021 for 10 consecutive |
| Total Transferred \$ to St. Mary Tui | ition |
| Please transfer funds directly from the account (Attach a voided check) | • |
| I authorize St. Mary Catholic Schools to process de 2021-2022 school year tuition payments. | bit entries to my checking account for my |
| This authority will remain in effect until the total to written notification to terminate this authorization and acknowledged 30 days prior to termination. | |
| Authorized signature on my account:* *Note: By entering your name, you agree to th | |

Please Remit to: St. Mary Catholic Schools, 812 N. State Ave, Dell Rapids, SD 57022-1325

Our Mission