

JOLIET CATHOLIC ACADEMY
Recurring Gift Club – *Direct Debit Application*

To enroll in the Joliet Catholic Academy direct debit program for giving, please complete the following and attach a voided blank check or savings deposit stub. Mail the completed form back to:

Joliet Catholic Academy
Attn: Business Office
1200 N. Larkin Avenue
Joliet, Illinois 60435

Please print all names appearing as authorized signers on the bank account specified below:

Name (s): _____

Mailing Address: _____

_____ Daytime Phone: _____

Please allocate these funds as indicated: ___ Unrestricted ___ Restricted to: _____

Amount to debit per month: \$ _____ Number of Months: _____

Month and Year to begin withdrawals: ____/____ Total Amount of Donation: \$ _____

By completing this form, I agree to the following:

1. The financial institution named below is authorized to pay my donation from my checking/savings account as specified.
2. This authorization shall remain in full force and in effect according to the agreement set forth above.
3. I understand that I can stop payment via the direct debit program provided that such direction is given a minimum of 14 days prior to the due date of payment due.
4. I understand that Joliet Catholic Academy may cancel this program at any time at its discretion.
5. I agree to release and hold harmless Joliet Catholic Academy from any and all damages resulting from, or in connection with, my participation in the direct debit Annual Fund payment program.

I (we) hereby authorize Joliet Catholic Academy to initiate debit entries for the payment of tuition and all related costs to my (our) checking/savings account (select one) as indicated below at the depository financial institution so named and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. ATTACHED IS A VOIDED CHECK OR DEPOSIT STUB FOR THE FOLLOWING FINANCIAL INSTITUTION:

Depository Name: _____ Branch: _____

City/State: _____

ABA/Bank Routing # _____ Bank Account # _____

This authorization is to remain in full force and effect according to the agreement set forth above or unless the Joliet Catholic Academy Business Office receives written notification from me (us) of its termination in such time and such manner to afford Joliet Catholic Academy and the aforementioned Depository reasonable opportunity to act on it.

Name(s): _____
Signature Date

Signature Date

___Dev Copy