



## Automatic Payment Form

For your convenience, the Oratory Schools offers an AUTOMATIC PAYMENT PROGRAM. This program allows you to make timely recurring payments (tuition and building) without ever being considered late. Your payment will be charged to your credit card or withdrawn from your checking account on the 1st day of each month. Your participation in this program does not entitle the Oratory Schools to charge or withdraw payments for one time fees such as registration or any other fees.

To participate, complete and sign this form, attach a voided check for ACH checking debit, and turn in to the Corporate Office. Your automatic payment will begin with your next payment due.

Responsible Parent \_\_\_\_\_

Student's Name _____	Grade _____	Student's Name _____	Grade _____
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**Option 1:** Credit Card Type -  VISA     Mastercard     American Express

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (mo/yr) \_\_\_\_ / \_\_\_\_ . CVV# \_\_\_\_\_ (3 last digits on back of your card).

Name as it appears on Card \_\_\_\_\_

Address for Credit Card \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

**Option 2:** Bank Account Type  ACH Checking Debit (Include Voided Check)

Bank Account # \_\_\_\_\_

Bank ABA Number (9 Digits) \_\_\_\_\_

Name on Account \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

**Customer Authorization to Debit/Charge the Above Account:**  
 I hereby authorized the Oratory Schools or its agents or assigns to initiate debit entries to my account for the amount of the recurring school monthly tuition and building payment to the depository or credit account listed above. The Oratory Schools is authorized to continue debiting this account until such time as I notify the Oratory Schools in writing to cancel this automatic payment option. Changes to payment arrangements will be submitted in writing.

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_