



521 S. 13th Street
La Crosse, WI 54601
(608) 784-8585

Date: 2019-2020 School Year

ACH Payment Authorization

Electronic Funds Transfer Authorization

Please attach a voided check for confirmation of account and routing numbers.

Name on Account: _____

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Account Number: _____

Financial Institution Routing Number: _____

Debit Amount: _____ OR amount due for services checked below _____

I hereby authorize Aquinas Catholic Schools to initiate a debit entry to the account indicated above. I also authorize the named depository (my financial institution) to debit the same from such account.

Signature: _____ Date: _____

ACH Authorization for the following

___ Cathedral Extended Care (to be charged every other Thursday)

___ Cathedral Snack Milk (To be charged on the 5th of the month once per school year)

___ Cathedral Aftercare (To be charged every other Thursday)

___ Cathedral Food Service (To be charged on the 5th of the month)

___ Blessed Sacrament Aftercare (To be charged every other Friday)

___ Blessed Sacrament Food Service (To be charged on the 5th of the month)

___ Blessed Sacrament Snack Milk (To be charged on the 5th of the month once per school year)

___ Camp Cathedral (To be charged every other week)

This institution is an equal opportunity provider