IHM Catholic School Capital Campaign
Automatic Withdrawal Authorization

Immaculate Heart of Mary Catholic School **ES6614-01**

Name on Account (Please Print)		
Address		
City	State	Zip

Authorization Form

Inception Date: _____ ❑ Change Payment Amount ❑ Change Financial Institution Account

❑ New Authorization ❑ Change Payment Date ❑ Discontinue Electronic Payment

Contribution Payment Plan Transferred on the 20th of each month.

Payments to Begin on (date) _____	Monthly Payment: $ _____
Date of last payment: _____	Pledge Balance: $_____
	As of _____ (date)

Please take my payment directly from the account specified:

❑ Checking Account (attach a voided check) ❑ Savings Account (attach a savings deposit slip)

Routing #: **Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols : :**	Account #:

I authorize **Immaculate Heart of Mary School** and **Vanco Services, LLC** to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization. I understand there will be a **$25.00** NSF fee automatically charged to my account for any nonsufficient funds (NSF) transactions.

Authorized signature on my account: Date:

Please attach a voided check or savings deposit slip.