

LOURDES HOT LUNCH PROGRAM
Debit Authorization

I (we) hereby authorize Lourdes Hot Lunch Program, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for school lunch. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name Branch

Address City/State Zip

Routing # Account # Type of Account: Checking Savings (circle one)

Payment schedule: 10-month plan – August 1 through May 1 - \$55.00 x _____ no. of students. Total amount to be withdrawn per month: _____
(May payment may be less due to days missed and school activities)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name

Signature

Phone

Date

All payments will be withdrawn from your account on the 1st day of the month.

PLEASE ATTACH A COPY OF YOUR VOIDED CHECK TO THIS FORM HERE