AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize St. Patrick School, hereinafter called SCHOOL, to debit $_____ (Tuition Amount) on the 5th of each month starting July 5th, 2007 to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

_____ _____
(Financial Institution Name) (Branch)

_____
(Address) (City/State) (Zip)

_____ _____
(Routing Number) (Account Number)

Type of Account: ____Checking ____Savings

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

_____ _____
(Print Individual Name) (Print Individual Name)

_____ _____
Signature Signature

_____ _____
Date Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

_____Family 2007-2008 Participatory Tuition Rate $_____
(12 x $_____)