



St. Peter's Catholic School
 34 Main Street, PO Box 357
 Hokah, MN 55941
 (507) 894-4375 / www.stpetershokah.org

2026-27 Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize St. Peter Elementary School to initiate debit entries to my (circle one).....

Checking Account (attach voided check)

Savings Account (attach deposit slip)

as indicated below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Tuition

10 monthly installments starting September 1 and ending on June 1

4 installments on Sept 1, Dec 1, Mar 1, June 1

1 annual installment on September 1

Extracurricular Activities

I give authorization for St. Peter School to withdraw extracurricular fees on an as needed basis with prior notification.

Yes

No

Supply Fee and Technology Fee

I give authorization for St. Peter School to withdraw these fees on Sept 1.

Yes

No

Depository Name: _____ Start Date: _____

Routing Number (9 Digits): _____ Account Number: _____

This authorization is to remain in full force and effect until St. Peter Elementary School has received written notification within 2 weeks of its termination as to afford St. Peter Elementary School and Depository Financial Institution a reasonable opportunity to act upon it.

Signature

Printed Name

Date

Email Address to Receive Notifications

Office use only

ACH Termination Date: _____

Initials: _____