



Saint Pius X Catholic School

Bank Draft Authorization Contract

Name of Payer _____
Last First MI

Address _____
City _____ State _____ Zip Code _____

Area Code and Telephone _____

Financial Institution

Name of Institution _____

Street Address City State Zip Code

Attach a voided check/savings withdrawal slip for the account (required for verification by financial institution)

I (we) authorize Wachovia Bank of N.C., as agent for St. Pius X School, to initiate debits to my (our) checking/savings account as indicated in the 2010-2011 tuition schedule. These debits will be made monthly. The fees for tuition and TRACS assessment will change annually. I understand that I need to complete a new draft for each school year. I will notify the school in writing if I wish to cancel this contract.

Total amount of monthly draft: \$ _____ Tuition and Assessment

Signed _____
(Parent or person responsible for payment) (Date)