

(Office Use Only)

RETURN

| |
|---------------------|
| Date Received _____ |
| New EFT _____ |
| Updated EFT _____ |

Roman Catholic Diocese of Boise
f/b/o Bishop Kelly High School
Electronic Funds Transfer
Authorization/Request Form

(Please Print) **Student's Name** _____ **Graduating Class** (Please Circle) **2011 2012 2013 2014**

Parent/Guardian: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____

Automatic Bank Withdrawal:

***** EVERYONE must attach a VOIDED check to this sheet. *****

(Please Print) **Bank Name:** _____

Routing #: _____

Account #: _____

Start Date: _____ **End Date:** _____

Signature: _____ **Date:** _____

TOTAL BALANCE DUE on your monthly statement will be processed on the tenth day of each month. *No exceptions.*

Per the tuition policy, the EFT authorization or credit card authorization form must be on file and be used for monthly payment tuition options.