



6733 Reynolds Road ♦ Mentor, Ohio 44060 ♦ Phone 440 578-1020 ♦ Fax: 440 974-9087
www.lakecatholic.org

Automatic Tuition Payment Election Form 2011-2012

Family Information (required)	**PRINT IN CAPITAL LETTERS**	
Family Name: _____		
Tuition Account Name: _____		
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Work: _____	Cell: _____

YES! Please transfer payments electronically from my checking account on or around the 1st day of each month.

Name of Financial Institution: _____	
Nine-Digit Routing Number	Bank Account Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I (we) hereby authorize Lake Catholic High School, Mentor Ohio, to initiate the transfer of payments electronically from the checking account listed above. I understand that Lake Catholic's failure to process any ACH payment does not relieve me of my payment obligations.	
Monthly Amount: \$_____	
Beginning the month of: _____, 2011	Ending the month of May, 2012
_____ Print Name	_____ Print Name
_____ Signature	_____ Signature
_____ Date	_____ Date

Please attach a VOIDED check for the account you have elected to use for your automatic tuition payments and return this complete form to Ms. Karen Moffett, Finance Director at Lake Catholic High School.