



Clover Care After School Program Authorization Agreement
Direct Payments (ACH Debits)

Monthly on the 15th of the month **September-May**

Withdrawal will be over a 9-month period September 2023 - May 2024
Or until tuition is paid in full

Company Holy Infant Church

We (I) hereby authorize Holy Infant Church, hereinafter called Company, to initiate debit entries to our (my) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit same to such account.

Financial Institution Name _____

Address _____

Routing/ABA No. _____ Account No. _____

Type of Account _____ Checking _____ Savings

*****This authority is to remain in full force and effect until the final installment is processed in May 2024 OR until tuition is paid in full.*****

Name _____

Authorized Signature _____

Date _____

Name _____

Authorized Signature _____

Date _____

VOIDED CHECK MUST BE ATTACHED HERE