

## St. Monica School Scrip Program

### Bank Draft Authorization Agreement DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **St. Monica School Scrip Program**, to debit entries to my (our) account indicated below through Bank of America, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Routing/Transit Number)

\_\_\_\_\_  
(Account Number)

Type of Account: Checking

This authority is to remain in full force and effective until **St. Monica School Scrip Program** has received written notification from me (or either of us) of its termination in such time and manner as to afford **St. Monica School Scrip Program** and **Bank of America** a reasonable opportunity to act on it.

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\_\_\_\_\_  
(Individual's Printed Name)

\_\_\_\_\_  
(Individual's Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Email Address – for confirmation)

***PLEASE ATTACH A VOIDED CHECK TO THIS FORM***

Please direct all questions to [scrip@stmonicaschool.org](mailto:scrip@stmonicaschool.org) and allow 24 hours to respond.