Authorization to Honor Withdrawals made by
ST MARY'S RELIGIOUS EDUCATION OF SYCAMORE

I (we) hereby authorize the St. Mary Church, hereinafter call COMPANY, to initiate debit entries to my (our) account indicated below and The National Bank and Trust Company of Sycamore, hereinafter call FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ _____
(Financial Institution Name) (Branch)

_____
(Address) (City/State) (Zip)

_____ _____ Type of Acct. ___Checking ___Savings
(Routing Number) (Account Number)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____

(Print Individual Name) (Signature)

_____

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

All deductions will be effective starting July 1st, 20_____and will end April 30, 20_____.

Mail completed form to : Church of St. Mary Religious Education Office
Attn: Theresa Johnson
322 Waterman Street
Sycamore, IL 60178

Family Name:_____

Total **A**mount Tuition _____

Withdrawal: _____ 1st of the Month _____ 15th of the Month

Withdrawal Amount per Month: _____