



Crucifixion School
 420 South Second Street
 La Crescent, MN 55947
 www.crucifixionschool.org
 Phone: (507) 895-4402

2026-27 Authorization Agreement for Direct Payments (ACH Debits)

We hereby authorize Crucifixion Elementary School to initiate debit entries to my (circle one).....

Checking Account (attach voided check)

Savings Account (attach deposit slip)

as indicated below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Tuition

Amount: \$ _____ 10 monthly installments starting September 1 and ending on June 1.
 4 installments on Sept 1, Dec 1, Mar 1, June 1
 1 annual installment on September 1

Extracurricular Activities

I give authorization for Crucifixion School to withdraw extracurricular fees on an as needed basis with prior notification. Yes No

Field Trip, Supply Fee, Technology Fee

I give authorization for Crucifixion School to withdraw these costs on Sept 1 and on an as needed basis with prior notification. Yes No

Depository Name: _____ Start Date: _____

Routing Number (9 Digits): _____ Account Number: _____

This authorization is to remain in full force and effect until Crucifixion Elementary School has received written notification within 2 weeks of its termination as to afford Crucifixion Elementary School and Depository Financial Institution a reasonable opportunity to act upon it.

Signature

Printed Name

Date

Email Address to Receive Notifications

Office use only
ACH Termination Date: _____
Initials: _____