

Our Lady of Mount Carmel School
2117 S. Rural Rd. - Tempe, Arizona 85282

CHECKING/ VISA/MASTERCARD/AMEX/DISCOVER/DEBIT
ACCOUNT DEBIT AUTHORIZATION
(AKA: SurePay)

Stewardship Family? Yes / No

I, _____ (FINANCIAL RESPONSIBLE PARTY), hereby authorize Our Lady of Mount Carmel to initiate debit entries (SurePay) to my Checking/ Visa/ Mastercard/ AMEX/ Discover/Debit account in the amount of \$ _____ Fees (June), \$ _____ Monthly Tuition (July-April) and Kids Club per contract. I hereby attach a voided check or credit card information for these debits and I agree that any remaining balance on my OLMC account after the April 10th SurePay will be taken as a May 10th SurePay. This authority is to remain in effect for the 2020/2021 school year or until Our Lady of Mount Carmel has received written notification from me and we have both come to a mutual agreement to terminate this authorization. Deductions for Fees & Tuition will be withdrawn on the 10th of each month (or first business day after the 10th) and Kids Club will be withdrawn on the 25th of each month (or first business day after the 25th).

I understand and agree that I am responsible for a \$25 Fee should any funds not be available when my account is debited or charged by credit/debit card (i.e. credit card out of date, no funds in account etc.). It is my responsibility to advise OLMC of any account changes that may affect the availability of funds. This fee of \$25 will be shown on my OLMC statement. Tuition and Kids Club charges past due more than ten business days from the date of SurePay will incur an additional \$25 Late Fee (this fee will be shown on my OLMC statement) unless prior arrangements have been made.

***NOTE: Any changes as regards this SurePay (debit authorization) must be submitted in writing by the 20th DAY OF THE MONTH prior to the change going into effect.**

Signed,

(Signature of Financially Responsible Party)

Date: _____, 2020

FAMILY Last Name: _____
(Print Clearly)

(Print Clearly Name of Financially Responsible Party)

STUDENT Full Name: _____
(Oldest Student) (Print Clearly)

Please use the checking/savings/credit or debit card information you have on file.

Use the new information below for checking/savings/new credit or debit card
(NOTE: 3% FEE CHARGE EACH TIME CREDIT OR DEBIT CARD USED)

ATTACH VOIDED CHECK
(Not Deposit Slip)

<or>

Credit/Debit Card # _____ Exp. Date _____ Three #'s on back _____
(Visa/Mastercard/AMEX/Discover/Debit) (MM/YY) (security #'s)

ZIP CODE FOR CREDIT/DEBIT CARD _____