



**AFTERCARE PAYMENT AUTHORIZATION INFORMATION**

**NAME:** \_\_\_\_\_  
Name or names that appear on the account.

**INSTITUTION ROUTING NUMBER:** \_\_\_\_\_  
Nine digit number beginning at far left bottom of check.

**ACCOUNT NUMBER:** \_\_\_\_\_

Check this box if you are choosing to use the same account as your MQH tuition payments.

By signing this form I am authorizing Mary, Queen of Heaven to automatically debit the above mentioned account on a monthly basis for **aftercare expenses** beginning September 10<sup>th</sup> and monthly thereafter in the amount of your monthly aftercare balance beginning in Sept. and ending in June. **YOU WILL BE NOTIFIED VIA EMAIL ON THE 1<sup>ST</sup> OF THE MONTH OF THE MONTHLY BALANCE DUE BEFORE IT IS DEBITED FROM YOUR ACCOUNT.**

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*\*\*\*Please attach a voided check\*\*\*\*\***  
A voided check is only necessary if you are choosing a different acct than your tuition EFT