

MARY, QUEEN OF
HEAVEN SCHOOL



TUITION 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: _____

By signing this form I am authorizing Mary, Queen of Heaven to automatically debit the above mentioned account on a monthly basis beginning August 5th August 15th August 25th (please check the date of your choice) and monthly thereafter in the amount of \$ _____ for 10 consecutive payments beginning in August and ending in May.

SIGNATURE _____ **DATE:** _____

*******Please attach a voided check*******

Please return form to Lori Spencer at lspencer@mqhparish.com or by Fax at 859-525-7067 or mail to Mary, Queen of Heaven Parish, 1150 Donaldson Rd., Erlanger, KY 41018