

**DIRECT DEBIT RECURRING PAYMENT AUTHORIZATION / AGREEMENT**

By completing this form, you authorize regularly scheduled charges to your account designated below. You will be charged the amount(s) indicated below. An account statement will be made available, upon request. You agree that no prior-notification for charges will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I \_\_\_\_\_ authorize St. Christopher Catholic School to charge  
(name)  
my account indicated below for the monthly tuition, less any scholarship or financial aid awards each month from July 10, 2022 to June 10, 2023.

**Billing Information**

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Checking/ Savings Account**

Circle:   Checking   or   Savings
Name on Acct   _____
Bank Name       _____
Account Number _____
Routing Number _____
Bank City/State _____

By signing below, you further agree to the following terms and conditions:

**Cancellation:** I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Business Manager in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

**Certification.** I certify that I am an authorized signer on the checking or savings account designated above, and will not dispute the scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

**Responsibility for Fees & Indemnification:** I understand that I am responsible for maintaining any required balances in my bank account. To the fullest extent allowed by law, I agree to assume all liability for any fees, fines, costs, interest, or penalties charged to me by my bank as a result of authorized charges or payments made under this Agreement, and to assume all liability for any change in or loss of credit, or inability to obtain credit as a result of any authorized charges, or payments made under this Agreement. I further agree to indemnify, defend, and hold harmless the School/Parish, the Diocese of Cleveland, and their respective members, officers, bishops, pastors, employees, representatives, agents, and volunteers (the “Indemnified Parties”) from and against all claims, damages, costs, losses and other related expenses, including reasonable attorneys’ fees and court costs, arising out of or in any way related to any such fees, fines, costs, interest or penalties charged to me by my bank, and for any such change in or loss of credit, or inability to obtain credit.

**Limitation of Liability:** TO THE FULLEST EXTENT ALLOWED BY LAW, I AGREE THAT LIABILITY FOR ANY BREACH OF THIS AGREEMENT BY SCHOOL OR FOR ANY OTHER MATTERS RELATING TO THIS AGREEMENT IS LIMITED TO THE AMOUNT PAID BY ME THROUGH MY CREDIT OR DEBIT CARD UNDER THIS AGREEMENT FOR THIS SCHOOL YEAR. THIS LIMITATION OF LIABILITY IS A CONDITION FOR THE ACCEPTANCE OF THIS AGREEMENT BY SCHOOL. IN NO EVENT SHALL ANY INDEMNIFIED PARTY BE LIABLE TO ME OR TO ANY THIRD PARTY FOR ANY INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES ARISING OUT OF THIS AGREEMENT, WHETHER OR NOT ANY INDEMNIFIED PARTY WAS ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

*I have read and understand and agree to the above-written statements, terms, and conditions:*

My Name (Printed): \_\_\_\_\_

My Name (Signed): \_\_\_\_\_

Date: \_\_\_\_\_

**A COPY OF THIS AUTHORIZATION MUST BE PROVIDED TO THE PERSON COMPLETING THE AUTHORIZATION**