

AUTHORIZED AGREEMENT FOR DIRECT WITHDRAWALS

(ACH DEBITS)

For Seton Foundation

Monthly Tuition Payments for School Year 2025/2026

I (we) hereby authorize **Seton Foundation / Seton Academy** (hereinafter called **SCHOOL**) to initiate debit entries to my (our) _____ Checking Account _____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called **DEPOSITORY** and to debit the same to such account. I (we) acknowledge that the origination of ACH Transactions to my (our) account must comply with the provisions of U.S. Laws as well as ACH Rules and Regulations. I (we) understand that the minimum monthly debit amount is equal to our outstanding tuition balance as of July 14th, divided by ten. Payments will commence on July 14th, 2025, and on the 14th day of each month until the Month of April, 2026, at which time the payments will terminate. **I understand that if two transactions are returned as a result of my (our) not having sufficient funds I (we) will not be allowed to participate in this program for 6 months.**

Please Print:

(Financial Institution Name)

(Branch)

(Address)

(City/State & Zip)

Checking / Savings

(Routing Number)

(Account Number)

(Circle One)

Please attach a voided check from your financial institution to this form. If the account to be debited is not a checking account or you do not have any checks associated with the checking account, please provide an account card or account statement displaying the account information.

This authorization is to remain in full force and effect until the **SCHOOL** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the **SCHOOL** and **DEPOSITORY** a reasonable opportunity to act on it.

Student Name(s): _____

Add a new Direct Withdrawal: Debit Amount \$: _____ Frequency: Monthly on 14th of each month
If the monthly deduction falls on a holiday or weekend, the transaction will occur the next business day.

Change an existing Direct Withdrawal: Debit amount changed from: \$ _____ to \$ _____

Delete a Direct Withdrawal: Termination date (not to exceed 14 days in advance) _____

Date: _____ Signature: _____

Note: Debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. I (we) understand and agree that financial institution shall have no responsibility for the correctness of the amount and that any discrepancy in the amount shall be handled directly with Seton Foundation.

PLEASE RETURN ORIGINAL COMPLETED FORM TO: Brenda Campbell – Treasurer (Seton Foundation). Please return the original signed form to Seton Academy, 189 North Main Street, Rochester, NH 03839. Email a copy to Brenda.campbell@seton.academy, however, in addition, we need the original signed document.