

Saint Joseph Academy



Ad Astra Per Aspera

101 Saint Joseph Drive
Brownsville, Texas 78520-7308

(956) 542-3581
Fax (956) 542-4748

ACH Payment Authorization

Complete the ACH payment authorization in ink and retain a copy of the completed form for your records.

This ACH payment authorization is for tuition and other non-tuition fees (activity, sports, etc.) only and does not apply to any other payments made to Saint Joseph Academy.

1. Student/Parent information

Student's Name: _____ Parent's Name: _____

Address: _____

City/State/Zip: _____

2. Financial institution information

Financial institution name: _____

City: _____ State: _____ ZIP Code: _____

Telephone: (_____) _____

Routing transit number: _____ Account number: _____

Attach a voided check below:

3. Signature

I authorize Saint Joseph Academy to debit the account shown above for tuition and other non-tuition fees payments. I understand that my account will be charged on the 10th day of each month. If that day falls on a holiday or weekend, I understand that Saint Joseph Academy will debit the account on the previous banking day.

Name: _____
(Please print)

Signature: _____ Date: _____