

**All Saints Catholic School
641 5th Avenue
Lewiston, ID 83501
(208) 743-4411
Fax (208) 743-9563**

**Electronic Funds Transfer
Authorization/Request Form**

Name: _____
Please Print

Address: _____

City: _____ State _____ Zip _____

Telephone: _____

Automatic Bank Withdrawal:

Bank Name _____
Please Print

Account # _____

Routing # _____

Amount per Month: \$ _____

Start Date: _____ thru _____

Signature: _____

******PLEASE ATTACH A VOIDED CHECK TO THIS SHEET.**

*****ALL ELECTRONIC WITHDRAWALS WILL BE PROCESSED ON THE 15th
OF EACH MONTH.**