

**All Saints Catholic School**  
**3326 14<sup>th</sup> St.**  
**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 15<sup>th</sup>**  
**OF EACH MONTH.**