



Inspiring Growth in  Knowledge and Faith

Dear Parents/Guardians:

Joliet Catholic Academy has a "direct debit" program for the payment of tuition and related costs for your student(s). The direct debit system authorizes JCA to debit your checking/savings account for amounts billed by the school. To participate in this program please complete the reverse side of this form and send it along with a *voided* blank check or deposit stub from your financial institution.

Participants in the program will continue to receive a monthly statement from the school showing the amount due on their account(s). As a result, you will be able to confirm that the amount you're debited is equal to the amount due as presented on that month's statement. Please note the following:

1. Upon receipt of your application Joliet Catholic Academy will confirm the information you provide by running a "prenote" through our bank. The prenote process verifies the existence of the financial institution and the account number provided to JCA. No amount is deducted from your checking/savings account at this time. When the foregoing information is positively confirmed you will be established for paying tuition and related school charges via direct debit.
2. Your checking/savings account will be debited the last business day of the month in which payment is due. ***Do not send a check***, the Business Office doesn't cross reference cash/check payments with payers on the direct debit program.
3. When you receive your monthly statement, please review it. If you have any questions contact the Business Office immediately ***and no less than seven days prior to the last business day of the month***. This will reduce the possibility of your bank account being direct debited for an incorrect amount.
4. If we are unable to direct debit your bank account due to insufficient funds, account being closed, etc. at your stated financial institution, an ***NSF fee of \$35*** will be assessed along with any corresponding penalties that are charged to JCA by its bank. Additionally, ***any balance unpaid when due will incur a finance charge of 1½% per month***.
5. ***You recognize that it is your responsibility to notify the Joliet Catholic Academy Business Office of any changes in your checking/savings account status to prevent fees/penalties from being assessed as indicated in #4 above.***

Edward R. Mayer  
CFO/Business Manager

**OVER**

# JOLIET CATHOLIC ACADEMY

## Direct Deposit Application

To enroll in the Joliet Catholic Academy direct debit program, please complete the following and **attach a voided** blank check or savings deposit stub. Mail the completed form back to:

Joliet Catholic Academy  
Attn.: Business Office  
1200 N. Larkin Avenue  
Joliet, Illinois 60435

Please print all names appearing as authorized signers on the bank account specified below:

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Student(s) Name/6 digit Account No. \_\_\_\_\_

By completing this form, I agree to the following:

1. The financial institution named below is authorized to pay tuition and related costs from my *checking/savings* account as specified.
2. This authorization shall remain in full force and effect until I revoke it in writing addressed to the Joliet Catholic Academy Business Office.
3. I understand that I can stop payment via the direct debit program provided that such direction is given a **minimum of 14 days** prior to the due date of payment due.
4. I understand that Joliet Catholic Academy may cancel this program at any time at its discretion. If this program is canceled, payment becomes due as indicated on the Tuition and Fee Payment Agreement and also in the Parent/Student Handbook via check, cash, credit card, etc.
5. I agree to release and hold harmless Joliet Catholic Academy from any and all damages resulting from, or in connection with, my participation in the direct debit payment program.

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I (we) hereby authorize Joliet Catholic Academy to initiate debit entries for the payment of tuition and all related costs to my (our) checking/savings account (circle one) as indicated below at the depository financial institution so named 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. law. **ATTACHED IS A VOIDED CHECK OR DEPOSIT STUB FOR THE FOLLOWING FINANCIAL INSTITUTION:**

Depository name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City/State: \_\_\_\_\_ Bank account # \_\_\_\_\_  
ABA/Bank Routing # \_\_\_\_\_ Checking / Savings account.  
(Circle one)

This authorization is to remain in full force and effect until the Joliet Catholic Academy Business Office has received written notification from me (us) of its termination in such time and such manner to afford Joliet Catholic Academy and the aforementioned Depository a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_