



IC CATHOLIC PREP  
THE SCHOOL FOR INDEPENDENT THINKERS

Automatic Payment Program

Name: \_\_\_\_\_

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

City, State / Zip Code: \_\_\_\_\_

Automatic Checking Account Withdrawal Authorization

I (we) authorize IC Catholic Prep to initiate debit entries from my (our) checking account at the financial institution named below in the amount and frequency indicated. **Note: If joint account, both signatures are required.**

Financial Institution Name: \_\_\_\_\_

Location (City/State): \_\_\_\_\_

\_\_\_\_ Please DEBIT my account on \_\_\_\_\_ business day of each month  
for \$ \_\_\_\_\_ toward the Annual Fund (acct #4306.80)  
for \$ \_\_\_\_\_ toward the Capital Campaign (acct #2160.17)

\_\_\_\_ Please DEBIT my account on \_\_\_\_\_ business day of each quarter for \$ \_\_\_\_\_.

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

\_\_\_\_\_ Date: \_\_\_\_\_

Please attached VOIDED check here