



4220 Seneca St. West Seneca, NY 14224 | P: 716-674-3468 | F: 716-674-3475 | www.qofhchurch.org

**2022-2023 ACH & Email Authorization Form
Before / After School Program**

(Check applicable lines) - I authorize Queen of Heaven to:

email billing around or about the first Friday of the month / and

automatically debit my account as listed below for Before/After School fees for the 2022-23 school year.

Please use the following email account(s) for billing:

NOTE: Monthly payments will be deducted on the **LAST FRIDAY** of each month beginning after the date of authorization.

I already have a QOH ACH Account New ACH Account shown below (**)

**** Please include VOIDED check or Bank ACH Notice ****

**** If printing by hand please make sure the information is legible ****

NAME OF BANK _____

NAME ON ACCOUNT _____

TRANSIT/ROUTING NUMBER _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT - CHECKING SAVING

FAMILY ID#: _____ LAST NAME: _____

Print Name: _____

Authorizing Signature (Name on Account): _____

Date: _____