



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

2026-2027 ACH Authorization Form

FAMILY LAST NAME

I authorize Queen of Heaven to automatically debit my account as listed below, for tuition and fees for the 2026-27 school year. Monthly payments are made beginning August 15, 2026 through May 15, 2027. Tuition will be processed on the 15th of each month unless the 15th falls on a weekend or holiday, in that case it will be processed the following business day.

Please include a voided check if using a checking account or deposit ticket for a savings account

PLEASE PRINT CLEARLY AND COMPLETELY

NAME OF BANK _____

NAME ON ACCOUNT _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT - CHECKING _____ SAVING _____

BANK TRANSIT/ROUTING NUMBER _____

STUDENT'S NAME(S): _____

Authorizing Signature (Name on Account): _____

Date: _____ Phone Number: _____

Returned payments will be resubmitted within 5-10 days of receipt of a Non-Sufficient Funds notice.

FILLABLE FORMAT ONLY: My typed name below represents my legally binding "digital" signature and confirms this account belongs to the printed name below. (This form may be emailed if using digital signature)

Digital Signature

DATE