



SS. PETER AND PAUL
Catholic Community

PO 238, 107 N Olk Street, Hortonville, WI 54944
Telephone: 920-779-6133

Authorization Agreement for Automatic Withdrawal

Please Print

Last Name		First Name	
Address		Email	
City	State	Zip	Primary Phone #

I (we) hereby authorize Ss. Peter and Paul Faith Formation to initiate debits to the account indicated below and the bank name below, and if necessary, credit entries or adjustments for any debit entry in error to my (our) account.

Bank Name	Routing Number
Type of Account <i>(check one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number
Amount to be debited for Tuition \$ _____	
To be debited <i>(check one)</i> <input type="checkbox"/> In Full by August 1, 2026 <i>or</i> <input type="checkbox"/> In Full by September 15, 2026	
Amount to be debited for Sacramental/Additional Fees \$ _____	
To be debited <i>(check one)</i> <input type="checkbox"/> In Full by August 1, 2026 <i>or</i> <input type="checkbox"/> In Full by September 15, 2026	
This authority is to remain in full force until Ss. Peter and Paul Faith Formation has received written notification of the termination or changes from me (or either of us) by mail, by phone or by stopping at the Parish Offices at least 7 business days before my (our) account is charged.	
First/Last Name	First/Last Name
Date	Date
Signature	Signature

*Please attach a **voided check** to this form and return to the Faith Formation Office.
If submitting electronically, a scan or smart phone photo of your voided check may be supplied.*

Contact faithformation@ssppp.org for any questions.