

**IFF - EFT Authorization Form**

I authorize the financial institution named below to accept Direct Payment instructions and to debit my account indicated below or credit my account if it is necessary to make corrections. The undersigned hereby authorizes CRISTO REY TAMPA HIGH SCHOOL, and/or its authorized agents, to initiate debit entries for payment of services. The undersigned authorizes adjusting credit/debits for entries made in error or entries requiring reversals due to returned items to the account of the undersigned. All such entries shall be made to the account indicated below and the depository named below is hereby authorized to credit and/or debit the same to or from said account.

Customer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
(if applicable)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**IFF – CRISTO REY TAMPA HIGH SCHOOL**

**Organization ID: 0100**

**Payment Method**

Checking  Savings  Visa  MasterCard  Discover  American Express

**PLEASE SEPARATELY ATTACH A COPY OF A VOIDED OR CANCELLED CHECK**

***Bank Account Information***

Bank Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number (9 Digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

*Routing numbers starting with 5 are invalid.*

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MM/YY

**Payment Instructions:** WEEKLY  BIWEEKLY  MONTHLY  QUARTERLY  ANNUALLY   
(select one)

Payment Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

I hereby authorize CRISTO REY TAMPA HIGH SCHOOL, hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be canceled by Company at any time. The undersigned represents and warrants that it is authorized and empowered to execute this authorization for the purposes specified herein and indemnifies and holds Company and its agents harmless from any damage, loss or claim resulting from Company's authorized actions here under.

X \_\_\_\_\_  
Payer's Signature

\_\_\_\_\_  
Date

**SELECT ONE:** NEW PARTICIPANT

CHANGE TO PARTICIPANT