



FAMILY NAME: _____ **EMAIL ADDRESS:** _____

St. John the Baptist Catholic School
1057 Hughes Road
Madison, AL 35758
(256) 722-0772
FAX (256) 722-0151

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

Before and After School Care

Diocese of Birmingham in Alabama
D/B/A St. John the Baptist Catholic School
2011-2012

I (we) hereby authorize St. John the Baptist School to initiate debit entries to my (our) _____ Checking _____ Savings account (select one) indicated below and the depository named below to debit the account for the invoiced amount for ***Before and After School Care programs***. The **BASC** amount will vary every month. The debit will be made on the **10th** of each month beginning in **September 2011** for ten (10) consecutive months.

BANK _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING NUMBER _____

ACCOUNT NUMBER _____

(Please attach a voided check for verification)

This authority is to remain in full force and effect until St. Johns the Baptist School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. John the Baptist Catholic School a reasonable opportunity to act on it.

DATE _____

NAME(S) OF STUDENT(S) _____

PARENT NAME(S) _____

(Please Print)

SIGNATURE OF ACCOUNT OWNER _____

SPOUSE SIGNATURE (if necessary) _____