



Draft for Additional Account Charges

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

- I do NOT wish to participate in a draft for additional charges and will send payments to the SJS Business Office as necessary to cover any additional expenses billed to my account. I acknowledge:
- Outstanding fees are due by the 10th of each month.
 - I have access to the FACTS family portal, and it is my responsibility to evaluate the outstanding balance on the account by the 5th of each month.
 - Lunch is considered to be a prepaid account. I will ensure sufficient funds are available by the 10th of each month to cover lunch charges for the following month.
- I would like to participate in the draft for additional account charges **that occurs on the 10th of the month*** including the lunch account, Before and After School Care (BASC), and general charges billed through FACTS like band and chromebook fees which are determined by the school each year. I (we) hereby authorize St. John the Baptist Catholic School to initiate debit entries to my (our) account indicated and for the named depository to debit the account as specified. I understand and acknowledge:
- All additional fees charged to my account are in accordance with the parent/student handbook and are designated according to the family financial responsibility documentation provided to the school.
 - There may be additional fees required by the school that are not billed to the account or payable by draft. I am still responsible for these fees and will make other payment accordingly (field trips, dues, sports, registration).
 - The minimum amount drafted each month will be \$5, and drafts will occur in \$5 increments.
 - The monthly amount may fluctuate based on the value of the charges billed to my account.
 - The draft will be applied to all charges on my account, and any excess will remain as a credit on my account.
 - I would like to have the draft be sufficient to have a value on the lunch account after the draft of \$ _____
 - The maximum amount to be drafted each month will be \$ _____ without prior authorization.
 - I have access to the FACTS family portal, and it is my responsibility to evaluate the outstanding balance on the account by the 5th of each month if I wish to know ahead of time the amount that will be drafted on the 10th.
 - My banking information will be retained by the school to assist with my timely payment of charges.
 - It is my responsibility to update banking information in a timely manner and/or reimburse the school for fees charged by its bank for my failure to do so.
 - I am responsible for any fees incurred from a returned draft as well as the draft amount itself and that payment for a returned draft must occur in another form (cash or check).
 - Electronic or verbal communication with the Business Office is to be considered the same as my written consent.
 - *** The final draft for the year will be at the end of May vs June 10th as notified by the Business Office in April and/or May.**

The account to be used is a (select one) _____ Checking _____ Savings account

I would like to use the bank account currently on file ending _____ (last 4 of account number)

I do not have an account on file or would like to change it to the account listed below.
I am enclosing a voided check for verification purposes:

BANK _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

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

NAME(S) OF STUDENT(S) _____

PARENT NAME(S) _____

SIGNATURE OF ACCOUNT OWNER _____ **DATE** _____

SPOUSE SIGNATURE (if necessary) _____ **DATE** _____

If any questions, please contact the Business Office Annette Stipak astipak@stjohnb.com 256-722-0772 ext 202
(You may dial the extension if you hear a recording, and you will be transferred to the direct line.)