



**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  
**2017-2018**

I (we) hereby authorize St. John the Baptist Catholic 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 10<sup>th</sup> of each month beginning September 2017 for charges incurred the previous month.

**If you wish to use the same bank account we have on file, please check this box and sign the draft form.**

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. John the Baptist Catholic 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) \_\_\_\_\_

SIGNATURE OF ACCOUNT OWNER \_\_\_\_\_

SPOUSE SIGNATURE (if necessary) \_\_\_\_\_