



**FAMILY NAME:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS**

**Lunch**

Diocese of Birmingham in Alabama  
D/B/A St. John the Baptist Catholic School  
**2018-2019**

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 this designated monthly amount for the Lunch program, \$ \_\_\_\_\_ (**amount**). The debit will be made on the **10<sup>th</sup>** of each month beginning August 2018 for ten (10) consecutive months.

**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) \_\_\_\_\_