



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

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

Before and After School Care

Diocese of Birmingham in Alabama
D/B/A St. John the Baptist Catholic School
2021-2022

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 **10th** of each month beginning September 2021 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) _____