AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

St John the Baptist Catholic Parish, Madison D/B/A St. John the Baptist Catholic School Rev 3/2026

Tuition 2026-2027

FAMILY NAME: _____ **EMAIL:**_____

Please choose one of the following payment plans:

_____ **Plan 1:** Full payment of tuition directly to the school by **July 17, 2026**

_____ **Plan 2:** Automatic Draft Plan- ten monthly payments as selected below

Tuition	Parishioner		Non-Catholic / Non-Parishioner	
	Monthly	Full Payment	Monthly	Full Payment
One Student	$ 599.00	5,990.00	$ 749.00	7,490.00
Two Students	$ 1,078.00	10,780.00	$ 1,348.00	13,480.00
Three or more Students	$ 1,497.00	14,970.00	$ 1,872.00	18,720.00

K4 Tuition	Parishioner		Non-Catholic / Non-Parishioner	
	Monthly	Full Payment	Monthly	Full Payment
K4 Student – full day without lunch	$ 654.00	6,540.00	$ 688.00	6,880.00
K4 Student – full day with lunch	$ 704.00	7,040.00	$ 738.00	7,380.00

I (we) hereby authorize St. John the Baptist Catholic School to initiate debit entries to my (our) account indicated below and the depository named below to debit the account for $_____ (**amount**) on a monthly basis. I understand this debit will occur for ten (10) consecutive months on

(select one) ___ 25th of the previous month (July 2026 - April 2027)

___ 1st of each month (August 2026 – May 2027)

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 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. My electronic communication will have the same authority as written communication.

****DATE** _____

**NAME(S) OF STUDENT(S) _____

**PARENT NAME(S) _____

****SIGNATURE OF ACCOUNT OWNER** _____

SPOUSE SIGNATURE (*if necessary***) _____

****Required information**

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 to be transferred to the Business Office direct line.)