

Authorization for Automatic Payment

I authorize Saint John's Preparatory School to withdraw \$ _____
each month from my checking savings account (check one.)

Instructions

Checking Account:

- Attach voided blank check with bank name and account information imprinted on check.
- Include a check for one month's payment.**

Savings Account:

- Attach a savings *withdrawal* slip with bank name and account information imprinted on slip. Please note that a *deposit* slip does not provide the necessary information.
- Include a check for one month's payment.**

Personal Information

Name

Address

City

State

Zip Code

Phone (Day)

Phone (Eve)

Email Address

The monthly amount, or a new amount designated by me, will be withdrawn automatically until I notify Saint John's Preparatory School or my bank in writing. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following the issuance of my bank statement or 60 days after posting, whichever occurs first.

Signature / Date