

St. Joseph Catholic Elementary School

Authorization for Automatic Bank Debit

Please indicate below how you would like your bank account to be automatically debited. You can choose draws for tithing and K-8 tuition on the 1st and 15th of each month, or you can split your authorized amounts so that they are drawn on both dates. Nine month preschool tuition, lunchroom fees, bus fees, and before and after care fees will be drawn on the 28th of each month preceeding the month that they apply for.

	<u>1st of Month</u>	<u>15th of Month</u>	<u>28th of Month</u>
Tithing	\$ _____	\$ _____	N/A
K-8 Tuition	\$ _____	\$ _____	N/A
Preschool Tuition	N/A	N/A	\$ _____
Lunchroom Fees	N/A	N/A	\$ _____
Bus Fees	N/A	N/A	\$ _____
Before & After Care	N/A	N/A	\$ _____

Please start my tithing draw on ___/___/___, and my K-8 tuition draw on ___/___/___.
All other school related nine month draws will start on August 28th for September thru May.

Name: _____

Address: _____

Phone: _____

E-mail Address: _____

Signature: _____ Date: ___/___/___

NOTE: Please attach a voided check if your draw will be from your checking account, or a deposit slip if your draw will be made from your savings account.

For Office Use Only:

Bank Name _____ Address _____

Checking Account # _____ Savings Account # _____

Bank Routing # _____