

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

St. John the Baptist Catholic School
12508 Lynn Avenue South
Savage, MN 55378

ES2135

Student # (leave blank if not applicable)

Last Name

First Name

Address

City

State

Zip

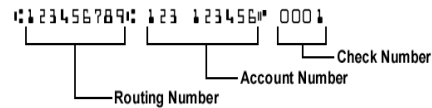
Please debit payments from my (check one):

- Checking Account (staple a voided check below)
- Savings Account (contact your financial institution for Routing #)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



Tuition Payment Plan – Transferred on either the 1st or 15th of each month - Circle One

12 month plan (July – June)

2 Month Plan (September and January)

1 Month Plan (September)

Monthly Tuition Payment: \$ _____

Tuition Payments Total for Year \$ _____

Tuition Payments to Begin on : _____

AGREEMENT

I authorize the above school and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please staple voided check here.