

Name (please print): _____

Address: _____ City _____ St _____ ZIP _____

Daytime Phone: _____ Email: _____

School Electronic Payment Authorization

Electronic payment is a direct debit program whereby your monthly school statement balance is automatically withdrawn from your bank account including school lunches, before/after school care, clothing, field trips, supplies, tuition, yearbooks, etc.

- 1) **FAMILIES ENROLLED IN THE PARISH EFT PROGRAM:** No need to attach a voided check unless your account has changed. Please sign the form below and return to the school office. This authorization remains effective until St. John receives notification of change or termination. Questions? Cris Denning, 843.0109, cdenning@saint-johns.net.
- 2) **FAMILIES NOT ENROLLED IN THE PARISH EFT PROGRAM:** Please sign the form below and **attach a voided check**. This authorization remains effective until St. John receives notification of change or termination. Questions? Cris Denning, 843.0109, cdenning@saint-johns.net.

I/we hereby authorize St. John Catholic School to withdraw from my account monthly installments on the 10th day of each month.

Signature: _____ Today's Date: ____/____/____ Phone: _____

Return form and **attach a voided check** to school office or mail to
St. John Catholic School / 1208 Kentucky / Lawrence, KS 66044

School Credit Card Payment Authorization

School families now have the option to charge the balance of your school statement using a credit card. Your monthly school statement balance is automatically charged to your credit card including school lunches, before/after school care, clothing, field trips, supplies, tuition, yearbooks, etc. Questions? Cris Denning, 843.0109, cdenning@saint-johns.net.

This authorization remains effective until St. John receives notification of change or termination.

PLEASE CHARGE TO MY CREDIT CARD: (circle one) MasterCard Visa Discover

Cardholder's Name _____ Card Number _____

Expiration Date _____

I/we hereby authorize St. John Catholic School to withdraw from my account monthly installments on the 10th day of each month.

Signature: _____ Today's Date: ____/____/____

Return form to school office or mail to
St. John Catholic School / 1208 Kentucky / Lawrence, KS 66044