



Family to Family

AUTOMATIC PAYMENT OF CONTRIBUTIONS

NAME _____

BANKING INFORMATION:

FREQUENCY:

F2F Contribution

ACCOUNT # _____

once a month
(1st Wednesday)

Amount: _____

FINANCIAL INSTITUTION: _____

twice a month
(1st & 3rd Wednesday)

Additional funds

Amount: _____

PLEASE ATTACH VOIDED CHECK FROM ACCOUNT TO BE DEBITED FOR YOUR PAYMENT.

I authorize St. John the Baptist Catholic Church to deduct my contribution/tuition from the bank and account number shown above. I understand that the funds will be withdrawn as indicated and that it is my responsibility to ensure sufficient funds are in my account at that time.

This authority will remain in effect until I instruct St. John the Baptist Catholic Church to cancel or change it. Further authorizations must be in writing and must be received by St. John's 15 days prior to the 1st day of the effective month. I also understand that if my payment is returned for "Not Sufficient Funds," St. John's will discontinue this service.

Effective beginning: _____
Month

Signature Date

Signature Date