

AEGIS COUNCIL

Authorization for Electronic Funds Transfer Contributions

I hereby authorize St. John's Jesuit High School & Academy to initiate debit entries to my checking account indicated below and the Depository name below to debit the same to such account.

Account Number _____

Depository (Financial Institution) _____

City _____ State _____

Bank ACH Transit Routing Number _____ (or attach voided check below)

Amount of Monthly Contribution \$ _____

Start Date _____

TOTAL YEARLY CONTRIBUTION \$ _____

(Minimum of \$1,000 yearly for Electronic Funds Transfer)

This authorization will remain in full force and effect until written notice is received to stop, or please indicate the last date to withdraw: _____. All transfers will take place on the 1st day of the month.

Name: _____ Preferred Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____

Preferred Email _____

Signature

Date

