

# 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 1<sup>st</sup> day of the month.

Name: \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Email \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

