



St. John's Jesuit High School & Academy
5901 Airport Highway
Toledo, OH 43615

Young Alumni Council
Authorization for Electronic Funds Transfer Contributions

I hereby authorize St. John's Jesuit High School 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)

How do you want withdraw taken: ___ Annually ___ Semi-Annually ___ Quarterly

Start Date _____

TOTAL YEARLY CONTRIBUTION \$ _____

(Minimum of graduating year payment level for Electronic Funds Transfer)

TOTAL 3 YEAR CONTRIBUTION \$ _____

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 _____ Phone _____

Signature _____ Date _____

THANK YOU FOR SUPPORTING THE STUDENTS OF ST. JOHN'S JESUIT.
