

Sign up for EZ- EFT today!

I hereby authorize my financial institution to make periodic payments on my behalf from the checking, savings or credit account listed below and transfer it to St. Joseph's Catholic School.

I understand that I am in full control of my payments, and I will notify you if at any time I decide to make any changes, discontinue this service, or change or close my credit card or bank account.

Forms returned to Saints Inc. Director or School Office

Name _____

Address _____

City _____ State _____ ZIP _____

Signature _____ Date _____

Credit Card Charge

Visa

MasterCard

AMEX

Discover

Credit Card Number

Expiration Month/Year

Checking Acct.

Routing Number

Account Number

(or attach voided check)