

**St. John's Lutheran School Automatic Withdrawal**

**CREDIT/DEBIT AUTHORIZATION FORM**

I (we) \_\_\_\_\_ hereby authorize St. John's Lutheran School to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until St. John's Lutheran School is notified by me (us) in writing to cancel it in such time as to afford St. John's Lutheran School and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State & Zip)

Financial Institution Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_ Checking \_\_\_ Savings

These numbers are located on the bottom of your check as follows:

⑆ 633455737 ⑆ 6334557890111 ⑆

Routing Number

Account Number

Amount Per Transaction: \_\_\_\_\_ Frequency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please include a VOIDED CHECK**

Automatic payments will be withdrawn on the 10<sup>th</sup> of every month. A \$10.00 fee will be assessed for each Non Sufficient Fund.