



The Church of St. John the Baptist Parish

A Roman Catholic Community
4050 Durham Road, Ottsville, PA 18942
Ph.: 610-847-5521 Fax: 610-847-5522
www.stjohnsottsville.org

"A People of God, A Place for His People"

PREP CREDIT/DEBIT CARD PAYMENT FORM

Please provide the following information for the processing of a **Credit/Debit Card Payment**:

Date: _____ Reason For Payment _____

Family Name: _____

Student Name & Grade Level: _____

Type of Card, please circle one: CREDIT DEBIT

Circle One: Am.Ex. MC VISA Other: _____

Credit Card No.: _____ Amount of Payment _____

If Debit Card, Bank Name/Town _____

Security Code: _____ Card Expiration Date: _____

Name as it appears on Card: _____

Card Holder's Billing Address: _____

Cardholder's Contact Info:

Cell #: _____ Home# _____

Email Address: _____



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ELECTRONIC CHECK PAYMENT FORM:

(Personal Information)

Name on Check: _____

Your Name if different than above: _____

Mailing Address: _____

Email _____ Cell phone _____

(Banking Information)

Bank Name & Address:

Type of Account: (Circle one) **CHECKING** **SAVINGS**

Acct. Routing Number: _____

Account Number: _____

Check Number: _____ Check Amount \$ _____

I, _____ grant authorization to St. John the Baptist Parish
Print name above
to make a one-time payment withdrawal from my bank account noted above.

Signature of Account Holder Date _____