

SJB PREP ELECTRONIC CHECK PAYMENT FORM:

(Personal Information)

Name on Check: _____

Your Name if different than above: _____

Mailing Address: _____

Email _____ **Cell phone** _____

Student Name & Grade Level: _____

continue all Students' Names and Grade Levels on back if needed.

(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 _____