

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## School Electronic Payment Authorization

Electronic payment is a direct debit program whereby your monthly school statement balance is automatically withdrawn from your bank account including school lunches, before/after school care, clothing, field trips, supplies, tuition, yearbooks, book fairs, etc.

Please sign the form below and attach a voided check. This authorization remains effective until St. John School receives notification of change or termination.

Questions? Contact Cris Denning, 785.843.0109, [cdenning@saint-johns.net](mailto:cdenning@saint-johns.net).

I/we hereby authorize St. John Catholic School to withdraw from my account monthly installments on the 10<sup>th</sup> day of each month.

Signature: \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Return form and attach a voided check to school office or mail to  
St. John Catholic School / 1208 Kentucky St / Lawrence, KS 66044

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## School Credit Card Payment Authorization

School families now have the option to charge the balance of your school statement using a credit card. Your monthly school statement balance is automatically charged to your credit card including school lunches, before/after school care, clothing, field trips, supplies, tuition, yearbooks, book fair, etc. Questions? Contact Cris Denning, 785.843.0109, [cdenning@saint-johns.net](mailto:cdenning@saint-johns.net).

This authorization remains effective until St. John receives notification of change or termination.

PLEASE CHARGE TO MY CREDIT CARD: (circle one):    MASTERCARD    VISA    DISCOVER

Cardholder's Name \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code \_\_\_\_\_

I/we hereby authorize St. John Catholic School to withdraw from my account monthly installments on the 10<sup>th</sup> day of each month.

Signature: \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Return form to school office or mail to  
St. John Catholic School / 1208 Kentucky St / Lawrence, KS 66044