



700 E. Muhammad Ali Blvd., Louisville, KY 40202
502-568-6758 • www.stjohncenter.org

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS
ST. JOHN CENTER, INC

I, _____, hereby authorize St. John Center, Inc. to initiate debit entries to the bank account listed below. This authority is to remain in full force and effect until St. John Center has received written notification from me of its termination in such time and such manner as to afford a reasonable opportunity to act on it.

Your bank name

Bank routing number (nine digit # on bottom left of your check)

Bank account number (seven digit # to the right of the routing number)

Is this a *checking* account or *savings* account? **Please circle one.**

\$_____ Authorized amount of your donation to St. John Center.

Authorized frequency: **Please circle one** – *Monthly* *Quarterly*
(Please note – withdrawals will be made between the 28th and 31st of the month)

Please attach a voided check (no deposit tickets)

Donor signature

Date

*Attach voided check and return in reply envelope, or mail to
St. John Center, 700 E Muhammad Ali Blvd, Louisville KY 40202.
For more information call Maria at 568-6758.*