



ST. JOHN THE BAPTIST CATHOLIC CHURCH

625 FRAME RD
NEWBURGH, IN 47630-1604
(812)490-1000

AUTHORIZATION AGREEMENT FOR PRESCHOOL/PRE-K TUITION

Preschool/Pre-K Tuition Authorization Form August '25 – May '26

I (we) hereby authorize **St. John the Baptist Catholic Church**, hereinafter called **Church**, to initiate Direct Debit for Preschool Tuition from August 2025 to May 2026 to my (our) _____CHECKING_____SAVINGS ACCOUNT (select one) indicated below at the depository name below, hereinafter called **DEPOSITORY**.

Depository Name _____

Transit/ABA# _____ Acct # _____
(Bank Account Number - first 9 digits on bottom of check)

Total amount \$ _____
Monthly on the 1st _____ Weekly on Monday (Extended Enrichment only) _____

Please check the class that your child will be attending and write TOTAL in the line above.

Preschool/Pre-K Only

2-day \$135/month _____ 3-day \$165/month _____ 5-day Pre-K \$240/month _____

Early Bird Drop Off (7:00-8:00 a.m)

2-day - \$25/month _____ 3-day - \$30/month _____ 5-day - \$45/month _____

Preschool/Pre-K with Extended Enrichment

2-day Preschool with 2-day Extended Enrichment	\$ 340 - monthly _____	\$85 - weekly _____
3-day Preschool with 3-day Extended Enrichment	\$ 520 - monthly _____	\$130 - weekly _____
Preschool/Pre-K with 5-day Extended Enrichment	\$ 680 - monthly _____	\$170 - weekly _____

Weekly deductions will be taken every Monday from August 11, 2025 and end May 18, 2026.
(except the week of December 29 –January 2)

Student(s) Name _____

This authority is to remain in full force and effect until CHURCH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CHURCH and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____
(Please print)

DATE _____ SIGNED _____

DATE _____ SIGNED _____

Please attach voided check for checking account or voided deposit ticket for savings account.

****Note: if this is a joint account, all authorized individuals must sign.***