

Christian Brothers School Capital Campaign

Continuing the TRADITION

Enhancing the EXPERIENCE

Automatic Payment from Checking /Savings:

I would like to pay my pledge automatically from my bank account(s). I hereby authorize Christian Brothers School to establish a monthly automatic payment of \$_____.

From: Checking Account* Savings Account

Start: _____ (Month) _____ (Year)

Signature

Print Name(s) as appearing on Account

Print Name(s) as it appears on Account

If using Automatic Bank Payment: (*You must include a voided check.)

Bank/Branch: _____ Account Number _____

Day of Month debits are to be posted (please check one): 5th 20th

Does your company/employer have a matching gift program: No Yes

If 'Yes', please print the company name _____

Please return this form to ATT: Sandy Dischner

Christian Brothers School

City Park

#8 Friederichs Avenue

New Orleans, LA 70124

OR fax to (504) 486-1053