Roll#_____

St. Clements
The place to be

INCREASE / DECREASE PRE-AUTHORIZED MONTHLY PAYMENTS

Name as shown on bill: _____

Please: ____ **Increase PAP amount to $**_____

____ **Decrease PAP amount to $**_____

____ **Cancel PAP**

for Roll# _____ **starting** _____, **20**____
Month (20th)

_____ _____
Date **Signature**

_____
Phone Number

Thank you.