



Authorization Agreement for Automatic Withdrawals

I (we) hereby authorize St. Mary's Church, Storm Lake, IA to initiate debit entries to my (our) indicated below at the financial institution named below, and to debit the same as such account. I (we) acknowledge that the origination of ACH (Direct Payments) to my (our) account must comply with the provisions of the U.S. law.

Financial Institution Information

Financial Institution: _____

Routing Number _____

Account Number _____

Attach a voided check

Checking Account Savings Account

Deduction for Justithes:

Monthly Amount \$ _____ on (1st, 5th, 15th, 21st - circle one)

Weekly Amount \$ _____

Authorization

This authorization is to remain in full force and effect until St. Mary's Church, Storm Lake, IA has received written notification from me (or either of us) of its termination at such time and in such manner as to afford St. Mary's Church, Storm Lake, IA and the financial institution a reasonable opportunity to act on it.

Name (s) _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Social Security Number _____ Date _____

Signature _____