

AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize the COMPANY (named below) to initiate debit entries to my/our account at the DEPOSITORY (identified below), for the purpose of accomplishing the following preauthorized payments:

COMPANY NAME: St. Isidore Church

AMOUNT: \$ _____

FREQUENCY: Once _____ on the 10th _____ or on the 25th _____

Twice _____ Note: If twice a month, indicate the amounts for the following:

\$ _____ on the 10th, and, \$ _____ on the 25th

EFFECTIVE START DATE: _____ Termination Date: _____

New Authorization _____ Change to Previous Authorization _____

DEPOSITORY NAME (Bank or Credit Union): _____

BRANCH: _____ PHONE: _____

ROUTING NO.: _____ (or attach voided check/draft/deposit slip)

ACCOUNT NO.: _____ _____CHK _____SAV

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions much comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until the termination date stated above or until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print or Type): _____

Envelope User ID# _____

(Signature)

(Date)

(Signature)

(Date)