

DEBIT AUTHORIZATION

I (we) hereby authorize **St. Mark Church** to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for my bill.

(Application)

(Financial Institution Name)

(Address) (City/State) (Zip)

(Routing Number) (Account #) Type of account: Checking _____ Savings _____

The authority is to remain in full force and effect until Iowa Falls State Bank has received written notification from me (or either of us) of its termination in such time and manner as to afford Iowa Falls State Bank and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM IF ANY OF THE ABOVE INFORMATION YOU ARE UNSURE OF.

Amount: _____

Day of the month for entry: _____ (example: 5th or 30th or whatever date works best for you)

Circle One: Monthly Weekly Bi-weekly

Please indicate if you wish to continue to receive envelopes as you may want them for the Holy Days and other special collections. Please contact our office if you have any questions.

Circle one: Yes, I want want a box of envelopes No, I do not want a box of envelopes