

DEBIT AUTHORIZATION

I (we) hereby authorize **St. Mary 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 contribution.

(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 our financial institution (Hardin County Savings Bank) has received written notification from me (or either of us) of its termination in such time and manner as to afford HCSB and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Today's Date)

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

Amount: _____

Date to begin withdrawals: _____

New Debit Authorization _____ or Change to Existing Authorization _____

Circle One: Monthly Weekly Bi-weekly

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

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. 641-939-5545

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