



# St. Mary's Catholic Church Authorization Agreement for Automatic Withdrawal

I, \_\_\_\_\_, hereby authorize, St. Mary's Catholic Church, Ackley, Iowa to withdrawal from my:

- Checking Account #: \_\_\_\_\_  
or  
 Savings Account #: \_\_\_\_\_

Depository (Bank) Name: \_\_\_\_\_

Routing # \_\_\_\_\_

I agree to the following withdraws:

- Monthly on 3<sup>rd</sup> Friday, amount: \_\_\_\_\_  
 Bi-monthly on the 1<sup>st</sup> & 3<sup>rd</sup> Friday, amount: \_\_\_\_\_  
 Weekly on Friday, amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach a copy of a deposit slip