

St. Isidore Parish
Authorization Agreement for Automatic Withdrawals from Checking



Stewardship
A Way of Life

NEW REQUEST CHANGE

I (We) hereby authorize St. Isidore Parish to debit my (our) checking account for the following amount.

\$ _____ per payment Envelope # _____ Daytime Phone _____

Bank Name _____

Bank# _____ Checking Account # _____
(located on bottom left corner of check) (located on bank statement and center of check)

Signature _____ Today's Date _____ Date to start withdrawals (see below) _____

A copy of my (our) voided check is enclosed. (Be sure to write VOID on the check itself.)

FOR SUNDAY COLLECTION

I/(We) authorize the parish to debit this above-indicated checking account on the following day(s) of each month. (If the day is a Federal or church holiday, the credit transaction will then be processed on the next business day.)

Choose One Option:

- SEMI-MONTHLY (To be withdrawn on the 5th and 20th of each month)
- MONTHLY (Choose which day)
 - 5th of month or
 - 20th of month

This authorization is to remain in full force and effect until the Parish Finance Office has received written notification from me (or either of us) of its termination in such manner as to afford the parish and depository bank a reasonable opportunity to act upon the request (usually 2-4 weeks).

J. Parishoner 427 W. Army Trail Road Bloomingdale, IL 60108	1456
Pay to the order of _____ \$ _____ _____ Dollars	
Your National Bank 1500 W. Ogden Ave. Bloomingdale, IL 60108	
BK# 271972572 Acct.# 3902667272 _____	1456

