

AUTHORIZATION AGREEMENT FOR ACH DEBITS

COMPANY NAME: St. John the Baptist Catholic Church

I (we) hereby authorize St. John the Baptist Catholic Church hereinafter called COMPANY, to initiate debit entries to my (our) Checking () or Savings () account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY NAME _____

(your financial institution)

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NO. _____

MONTHLY AMOUNT \$ _____

This authorization is to remain in full force and effective until COMPANY has received written notification from me (or either of us) of termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PRINT NAME(S) _____ DATE _____

SIGNED _____ SIGNED _____

I authorize St. John the Baptist Church and the financial institution named here to initiate designated entries to my checking/saving account. This authority will remain in effect until I notify St. John the Baptist Church or the financial institution in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act.

Also, I agree that I remain obligated to pay St. John the Baptist Church in the event that a charge to my account is dishonored, for whatever reason.

PLEASE COMPLETE THIS FORM AND RETURN IT TO ST. JOHN THE BAPTIST CATHOLIC CHURCH WITH A DEPOSIT SLIP OR VOIDED CHECK. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

**MAIL TO: ST. JOHN THE BAPTIST CATHOLIC CHURCH
241 PEOSTA STREET
PEOSTA, IOWA 52068**