

Capital Campaign

St. Lawrence Congregation

I authorize to initiate entries to my checking/savings account. This authority will remain in effect for the time frame indicated below. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(NAME PLEASE PRINT)

(ADDRESS PLEASE PRINT)

\$_____ to be withdrawn on the **15th** of every month starting _____ and ending _____.

Account No. _____

Financial Institution Routing Number _____
(between these symbols **⌋**: **⌋**: on the bottom left of your check

(signature)

Please include a voided check or deposit slip.