

I authorize **St. Lawrence Congregation/Church**  
to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. 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\$\_\_\_\_\_ to be withdrawn on the **15<sup>th</sup>** of every month

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.**