

St. John the Baptist Catholic Church
PO Box 195
Bancroft, Iowa 50517-0195
AUTHORIZATION AGREEMENT
FOR AUTOMATIC WITHDRAWALS (ACH DEBITS)

PARISHIONER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

<i>For Office Use Only</i>
ID # _____

I hereby authorize **St. John the Baptist Catholic Church, Bancroft** to initiate debit entries for withdrawals from the bank account listed below. This includes authorization to reverse any entries made in error.

I authorize withdrawals as indicated below:

AMOUNT \$ _____

Monthly on the 15th of the month beginning: _____

Financial Institution Name: _____

Financial Institution Location: _____

Transit/ABA Number: _____

Account Number: _____ ___ Checking ___ Savings

This authority is to remain in full force until **St. John the Baptist Catholic Church, Bancroft** has received written notification from me of its termination in such timely manner as to afford the parish and the Financial Institution a reasonable opportunity to act on it.

SIGNATURE: _____

Printed Name: _____

Date: _____

Questions - Call Judy Vaske, Business Manager at 712-899-0336

Please attach a voided check for the account named above