

DIRECT DEBIT AUTHORIZATION

I (we), _____, hereby authorize St. Clare Catholic Church, hereinafter called CHURCH, to initiate credit entries into the Church account at Bank of O'Fallon. These entries are authorized from my account at the financial institution named below, hereinafter call DEPOSITORY. This debit to my account at my Depository is authorized in the amount listed below. Also, if necessary I authorize the CHURCH to initiate any adjusting entries (debits or credits) to correct any error to my (our) account listed below. This authority is to remain in full force and effect until CHURCH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CHURCH and DEPOSITORY a reasonable opportunity to act on it.

Depository Name <i>(bank)</i>	
City, State, Zip <i>(bank)</i>	
Type of Account: <input type="checkbox"/> Checking	Monthly Amount:
<input type="checkbox"/> Savings	
Transit/ABA # <i>(9 numbers located bottom left of check):</i>	Account No.:

Please check only one option:

- 5th This direct payment will be **monthly on the 5th of the month** in the amount as indicated above.
- 20th This direct payment will be **monthly on the 20th of the month** in the amount as indicated above.

Name	Home Phone
Address	Work Phone
City, State Zip	

Signature	Date
Signature <i>(both signatures required if joint account)</i>	Date

ATTACH YOUR VOIDED CHECK HERE

(If checking account is to be used.)

Note: Deposit slips do not show the transit/ABA number
and therefore cannot be used.