

Authorization Agreement for Automatic Debits

Company Name: St. Joseph Church

Tax ID Number: 23-1365111

I _____, hereby authorize St. Joseph Church, Downingtown, PA, to initiate debit entries to my Checking _____ or Savings _____ (please place an X) account indicated below and the depository named below, hereinafter called Depository, to debit the same such account. The debit entries to said account should be in the amount of

\$ _____ weekly _____ monthly on the 1st

Depository (Bank)

Name _____ Branch _____

City _____ State _____ Zip _____

Bank Transit/ABA No. _____ Account No. _____

(Attach to this form a voided check if checking account debit or a pre-printed savings deposit ticket if savings account.)

This authority is to remain in full force and effect until St. Joseph Church has received notification from me of its termination in such time and manner as to afford St. Joseph Church reasonable opportunity to act on it.

Name _____ Social Security # _____

Date _____ Signed _____