

Saint Cecilia Parish/School

Ames, Iowa

Authorization Agreement for Pre-Authorized Payment

The undersigned hereby authorizes Saint Cecilia Parish/School to initiate electronic withdrawals (debits) for the described amounts from the following account:

Name of Financial Institution: _____

City, State, and Zip Code: _____

ACCOUNT NO. _____

Checking [include a **voided check**]

Savings [include a voided deposit slip]

AMOUNT per withdrawal: \$ _____

Distribution:

_____ Parish Support

_____ Capital Campaign '03

_____ School Tuition

_____ in-parish _____ non-parish _____ non-Catholic _____ preschool

_____ Tuition Assistance

_____ Greatest need _____ School _____ RelEd

_____ Good Neighbor/Social Concerns

_____ Other (_____)

Please indicate **withdrawal frequency**:

1st of Month

15th of Month

1st and 15th (split amount)

This authority is to remain in full force and effect until Saint Cecilia Parish/School and the financial institution have received written notification from the undersigned of its termination in such time and in such manner as to afford Saint Cecilia Parish/School and the financial institution a reasonable opportunity to act on it.

Name(s) [PRINT]: _____

Date: _____ **Signed** _____

Phone: _____ **Signed** _____

EMail Address: _____

Voided check or deposit slip **ATTACHED**