

Authorization for Electronic Withdrawal Form

I authorize the Church of the Immaculate Conception, Rice, MN to initiate entries to my checking/savings account. This authority will remain in effect until I notify the Parish in writing to cancel it. I understand that it is my responsibility to give advance notice of two weeks of any changes to my account numbers, closing of my account or change to a different financial institution.

- Attach voided check

Name of Bank/Financial Institution

Street Address

City

State

Zip Code

Name (Please Print)

Check one of the following boxes:

Checking Savings

Authorized Dollar Amount

Effective Month to Begin

Routing Number (9 Digit Number on the bottom of the check)

Account Number

I understand that the above amount will be deducted from my account on the 15th of each month.

Signature of account holder

Date