

**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 [must include a **voided check**]

Savings [must include a voided deposit slip]

AMOUNT per withdrawal: \$\_\_\_\_\_ Monthly

Distribution: (\$)

\_\_\_\_\_ Parish Support

\_\_\_\_\_ New Building Fund

\_\_\_\_\_ Building Improvement Fund

\_\_\_\_\_ School Tuition

\_\_\_\_\_ Tuition Assistance

\_\_\_\_\_ Good Neighbor/Social Concerns

Please indicate **withdrawal frequency**:  1<sup>st</sup> of Month

15<sup>th</sup> of Month

split 1<sup>st</sup> & 15<sup>th</sup>

Beginning Date: \_\_\_\_\_

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. Normal processing time is 2 weeks.

**Please PRINT: Name(s)** \_\_\_\_\_

**Signature(s)**

\_\_\_\_\_

Date: \_\_\_\_\_ Voided check or deposit slip **ATTACHED**

Revised Form ACH Dated 12152009