

St. Cecilia Parish/School
Ames, Iowa
Authorization Agreement for Pre-Authorized Payment

The undersigned hereby authorizes St. 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 Number: _____

- Checking (include a voided check)
- Savings (include a voided deposit slip)

Amount per withdrawal: \$_____

Amount of distribution:

- \$_____ Parish support
- \$_____ Building improvement fund
- \$_____ Tuition assistance School Faith Formation
- \$_____ Good Samaritan/Social concerns
- \$_____ Fuel and energy fund
- \$_____ Other (_____)

Please indicate withdrawal frequency:

- 1st of month
- 15th of month
- 1st and 15th of month

This authority is to remain in full force and effect until St. 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 St. Cecilia Parish/School and the financial institution at least two weeks advance notice.

Name(s) (please print): _____

Date: ____/____/____ Signed: _____

Phone: (____)____-____ Signed: _____

Email: _____

Please attach a voided check if you chose a checking account or attach a deposit ticket for a savings account.