

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I/We hereby authorize **St. John XXIII Parish** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.

Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____
(Contributor's Financial Institution)

CITY _____ STATE _____ ZIP _____
(Branch Bank)

TRANSIT/ABA NO. _____ - _____ - _____
(Routing Number for Check ONLY)

() Checking ACCOUNT NO. _____

() Savings ACCOUNT NO. _____

Frequency: Indicate one _____ Weekly
_____ Monthly by the 10th of the month.

This authority is to remain in full force and effect until **St. John XXIII Parish** has received written notification from me of its termination in such time and in such manner as to afford **St. John XXIII Parish** a reasonable opportunity to act on it.

NAME _____
(Please Print)

ADDRESS _____ CITY _____ STATE _____

PHONE CONTACT _____

SIGNED _____ DATE _____

Please attach a voided check to insure proper processing. If a savings account, please verify with your financial institution that you have the proper ABA (Routing Number) and account number that can be utilized for direct deposit.