ST. THOMAS THE APOSTLE CATHOLIC CHURCH

Authorization Agreement for Automatic Withdrawals from Checking

	NEW REQUEST	CHANGE OF AMT (No need for voided check)		BANK CHANGE (Voided check needed)	
I(We) herek	oy authorize St. Thomas	the Apostle Parish to debi	t my checking a	account for the following amoun	t.
AMOUNT	\$ per payr	ment (Must be completed)		Envelope # (if known)	
A copy of n	ny (our) voided check is	enclosed. Be sure to w	rite VOID on	the check itself.	
Account No	o. (located on bank state	ment and center of check)			
Bank # (located on bottom left corner of check)			Bank Name		
Printed Nam	e		-		
Signature		Date	_	Date to start withdrawals (see b	
FOR SUN	DAY COLLECTION C			wing day(s) of each month	***
		ay, the credit transaction will the			
Choose O	ne Option:				
	_	e withdrawn on the 5th and 20	th of each month)	
	MONTHLY (Choose bel	ow which day of the month.)			
	5th of mo	onth or			
	20th of n	nonth			
from me (or	either of us) of its terminati to act upon the request (us	on in such manner as to affor ually 2-4 weeks).	d the parish and	has received written notification depository bank a reasonable	***
	J. Parishioner			1456	
	1500 Brookdale Rd. Naperville, IL 60563			1400	
	Pay to the order of	VO	HD	\$ Dollars	
	Your National Bank 1500 W. Ogden Avenue Naperville, IL 60540				
	Bk # 271972572	Acct. # 3902667272		1456	