

Authorization Agreement of Automatic Withdrawal (EFT-Electronic Funds Transfer)

Return to: The Church of the Immaculate Conception
Attn: Kathy Fraser, Business Administrator
4030 Jackson Street NE,
Columbia Heights, MN 55421

I (we) authorize The Church of the Immaculate Conception to debit my (our) account described below:

Checking Account No. _____ Savings Account No. _____

Financial Institution's Name: _____

Financial Institution's Address: _____

Attach a voided check (checking account) or savings account deposit slip

Amount to be debited:

\$ _____ on the 5th day of the month
\$ _____ on the 20th day of the month

Begin Direct Debit:

Month Year

This authorization will remain in full force and in effect until The Church of the Immaculate Conception has received written notification from me (or either one of us) of its termination. This notification must be received in the Parish Business Office a minimum of two weeks prior to the termination date.

Signature _____
Full Name _____
Address _____
Date _____
Telephone No. _____
I.D./Envelope # _____

<i>(Additional Signature –Required For Joint Account)</i>	
Signature	_____
Full Name	_____
Date	_____
Telephone No.	_____

Please cut at dotted line and retain this portion for your records.

I have authorized The Church of the Immaculate Conception to initiate electronic entries to my checking, savings, or money market account.

Amount to be debited:

\$ _____ on the 5th day of the month
\$ _____ on the 20th day of the month

I would like the debiting to begin on

Month Year

*** NOTE: Cancellation of this service must be made in writing. ***

To cancel write to:	The Church of the Immaculate Conception Attn: Kathy Fraser, Business Administrator 4030 Jackson Street NE Columbia Heights, MN 55421
---------------------	---