

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize ST. MARY PARISH, LUXEMBURG, to initiate debit entries to my (our) _____ Checking Account or _____ Savings Account (check one), indicated below and the depository named below to debit the same account on the _____ 1st or the _____ 15th (check one) of each month beginning on _____.

DEPOSITORY NAME: _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING/TRANSIT NO. _____ ACCOUNT NO _____

AMOUNT TO BE DEDUCTED FROM ACCOUNT EACH MONTH _____

This authority is to remain in full force and effect until ST. MARY PARISH, LUXEMBURG AND DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ST. MARY PARISH and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Envelope No. _____
(PLEASE PRINT)

Date _____ Signed _____

Date _____ Signed _____

.....
Parish office use only

Date received _____

Date entered _____ initials _____

Please include

Address:

Phone #: