

# AUTOMATIC WITHDRAWAL FORM

Complete and return to:  
Sts Peter & Paul Parish  
P.O. Box 69  
Richmond MN 56368

I hereby authorize Sts Peter & Paul Church to initiate debit entries from my account at the Financial Institution listed below. I agree to have available funds in my account on the designated date of this transfer. The authority will remain in effect until I notify Sts Peter & Paul Parish in writing a least one week prior to the next settlement date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

ACCOUNT TYPE \_\_\_\_\_ CHECKING  
NAME \_\_\_\_\_

\$ \_\_\_\_\_ MONTHLY \_\_\_\_\_ WEEKLY \_\_\_\_\_  
AMOUNT TO BE WITHDRAWN (On the 15<sup>th</sup>) (Thursday) START DATE

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please attach a voided check here.**

.....  
FOR PARISH USE ONLY—PLEASE LEAVE THIS AREA BLANK

Electronic Parishioner Number \_\_\_\_\_ Date \_\_\_\_\_  
.....

I hereby authorize Sts Peter & Paul Parish to **cancel** the above described automatic entry effective as of \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_