[ ] New Enrollment [ ] Change of: ___account ___amount

ST. ANTHONY'S AUTHORIZATION FOR ELECTRONIC WITHDRAWAL SERVICE

Parishioner _____Envelope #_____
(PLEASE PRINT)

Please accept my monthly gift of:
$_____ Parish Stewardship $_____ Family to Family
Beginning month: _____ (allow 2 weeks)

Would you like to receive envelopes for special occasions (i.e. Christmas, Easter)? Yes No
(circle one)

Name of Financial Institution _____

Address _____

City _____State _____ ZIP _____

I wish funds to be withdrawn from the following account:
[ ] Checking [ ] Savings

I authorize **St. Anthony Congregation**, hereafter referred to as St. Anthony's, to withdraw funds from my account identified as and held at the financial institution named above, and I authorize that such account exists and that the financial institution can make withdrawals without responsibility for correctness of such amounts.

I am aware that St. Anthony's is authorizing Town Bank to initiate the above withdrawals and that Town Bank will be listed as the transferring agent on my bank statement. I authorize Town Bank to add funds withdrawn on my account in error.

My authorization will remain in effect until I give a written notice to terminate this authorization to St. Anthony's in sufficient time and manner as to allow St. Anthony's to act upon it. In addition, either St. Anthony's or the financial institution can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.

I have provided St. Anthony's with a copy of a voided check or savings deposit slip for the purposes of verifying my account number and the financial institution's routing number.

"I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law."

Parishioner Signature(s)_____ Date _____

_____ Date _____

Debits occur on the 20th of each month. Please be sure your account has sufficient funds.

**** FOR CHECKING ACCOUNTS - ATTACH A VOIDED CHECK HERE ****

**** FOR SAVINGS ACCOUNTS – ATTACH DEPOSIT SLIP PREPRINTED WITH YOUR ACCOUNT NUMBER HERE ****