



**Authorization Agreement for Pre-Authorized Payments
(Direct Debits for Collection of Payments)**

**Company: St. Clare of Assisi
Tax ID Number: 39-0854912**

I (We-if Joint) hereby authorize St. Clare of Assisi Parish to initiate debit entries for \$_____ monthly and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below at the DEPOSITORY named below, to debit the same to such account.

(Financial Institution)

(Branch)

(Amount)

(City, State, Zip)

(Bank Routing Number)

(Account Number) Type of Account: ____ Checking ____ Savings

This authority is to remain in full force and effect until St. Clare of Assisi Parish has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Clare and the financial institution a reasonable opportunity to act on it.

(Print Individual Name)

(Date)

(Signature of Authorized signer on account)

(Signature of Authorized signer on account, if two signatures are required)

Accounts are considered joint unless the word "and" appears in the title or two signatures required.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

Parish Center
1760 14th Street
Monroe, WI 53566
608-325-9506



St. Victor School
1416 20th Avenue
Monroe, WI 53566
608-325-3395