St. Elizabeth Seton Catholic Church
P.O. Box 35
Carlisle, IA 50047
515-989-0659
steliz256@q.com

St. Elizabeth offers Automatic Withdrawal from your checking or savings account for your <u>Capital Campaign pledge</u> <u>payments</u>. If you wish to participate in this program, your payments will be withdrawn from your account once a month on the date you specify. Proof of payment will appear on your bank statement. The authority you give to charge your account will remain until you notify us in writing that you wish to terminate the authorization.

To take advantage of this service, please complete and sign the form below and return it to the parish office.

## AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT CAPITAL CAMPAIGN PLEDGE PAYMENTS ST. ELIZABETH SETON CATHOLIC CHURCH

I (We) hereby authorize St. Elizabeth Seton Catholic Church, hereinafter called "organization", to initiate debit entries to my (our) account at the financial institution listed below, hereinafter called "bank". I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Financial Institution Name			
Address	City	State	Zip
Routing Number	Account Number		
Account type: Checking	Savings		
Please automatically withdraw: \$	on the 1 <sup>st</sup> of each month beg	ginning	
, , , , , , , , , , , , , , , , , , , ,		(date of fir	st withdrawal)
	<u>Or</u>		
\$	on the <b>15<sup>th</sup> of each month</b> be	eginning	
		(date of fir	st withdrawal)
I (we) understand that should the regu occur on the following banking date.	ularly scheduled debit date fall on a weeke	end or Federal holiday,	the debit shall
This authorization is to remain in full for either of us) of its termination in such a upon it.	orce and effect until organization has rece a time and manner as to afford organizati	ived written notificatio on and bank a reasona	on from me (or ble time to act
Account Holder Name(s)			_
Account Holder Hame(s)	(Please print)		
Date Signature(s)			

<sup>\*\*\*</sup> Please attach a voided check for verification of the financial institution information.