

MONTHLY ELECTRONIC WITHDRAWAL AUTHORIZATION FORM

(Please turn form into the Church Office)

I/we hereby authorize St. Thomas Aquinas Catholic Church, hereinafter called "St. Thomas Aquinas" to initiate debit entries, and, if necessary, credit correction and adjustment entries to my/our account at the financial institution listed below. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. laws and regulations.

All debit entries will be initiated on the 5th day of each month (or the 1st business day following the 5th should a weekend occur).

I authorize St. Thomas Aquinas to charge my account for the below-stated amount:

- \$ _____ for monthly Sunday tithes
- \$ _____ for Building Fund payments (maintenance, repairs, etc.)
- \$ _____ for Capital Campaign pledge payments (new construction)

FOR ELECTRONIC BANK DEBITS

ACCOUNT TYPE:

Checking

Savings

Financial Institution

Branch

Address

City

State

Zip

Routing & Translt Number

Account Number

Attach a voided check here

This authorization is to remain in full force and effect until St. Thomas Aquinas has received written notification from me/either of us of its termination in such a time and manner as to afford St. Thomas Aquinas and the financial institution a reasonable time to act upon it.

Signature

Date