

CTKCC AUTOMATIC WITHDRAWAL REQUEST

PARISH:

In gratitude for God's blessing my/our automatic withdrawal will be: \$ _____/month

Effective date of first transfer: _____ (Please allow at least 2 weeks)

Name: _____

Phone: _____

Street Address: _____

Email: _____

City: _____

Date: _____

Please indicate the method:



Entire amount on the 1st of each month

Entire amount on the 15th of each month

1/2 on the 1st and 1/2 on the 15th of each month

Name of Bank: _____

Account #: _____

9-digit Routing #: _____

Type of account: Checking Savings

THE PARISH IS HEREBY AUTHORIZED TO AUTOMATICALLY WITHDRAW THE DESIGNATED AMOUNT FROM MY ACCOUNT LISTED ABOVE. I UNDERSTAND THAT I CAN MODIFY OR CANCEL THIS AGREEMENT AT ANY TIME BY NOTIFYING THE PARISH IN WRITING.

Signature: /S/ _____

Date: _____

Please mail the completed form to:

For St. Bernard, OLMC, St. Augustine, and Sacred Heart in Templeton parishioners:

ST. BERNARD, PO BOX 39, BREDA IA 51436

For St. John the Baptist parishioners:

ST. JOHN, PO BOX 23, ARCADIA IA 51430

For St. Elizabeth Ann Seton parishioners:

ST. ELIZABETH SETON, PO BOX 513, GLIDDEN IA 51443