

**DIOCESE OF SIOUX CITY
AUTHORIZATION AGREEMENT
Auto Insurance
FOR AUTOMATIC WITHDRAWALS (ACH DEBITS)**

PARISH NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

I hereby authorize The Diocese of Sioux City to initiate debit entries for payments for Auto Insurance from the bank account listed below. Recurring electronic withdrawals will be processed for 1/12th of the annual invoice on the 22nd of the month (or the next business day). Debit ACH transactions will begin on July 22nd and will occur monthly until June 22nd. This includes authorization to reverse any entries made in error.

Financial Institution Name: _____

Financial Institution Location: _____

Transit/ABA Number: _____

Account Number: _____

____ Checking ____ Savings

The authority is to remain in full force until The Diocese of Sioux City has received written notification of its termination in such timely manner as to afford the Diocese and the Financial Institution a reasonable opportunity to act on it.

Signature: _____

Printed Name: _____

Date: _____

Bookkeeper Contact Info:

Bookkeeper Name: _____

Email: _____

Bookkeeper Phone: _____

Fax: _____

**Please submit this form and a voided check
(or photocopy of a check) to
Marilyn Wellman at marilynw@scdiocese.org
or fax to: 712-233-7598**

Contact Diane at 712-233-7594 or Marilyn at 712-233-7518 if questions. Thanks.