

**DIOCESE OF SIOUX CITY  
AUTHORIZATION AGREEMENT  
DAA Shortfall  
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 DAA Shortfall from the bank account listed below. Recurring electronic withdrawals will be processed for 1/4th of the annual invoice on the 8th of the month (or the next business day). Debit ACH transactions will begin on March 8th and will occur monthly until June 8th. 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](mailto:marilynw@scdiocese.org)  
or fax to: 712-233-7598**

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