

AUTO PAY AUTHORIZATION AGREEMENT – Holy Cross Catholic Parish

I (we) hereby authorize Holy Cross Catholic Parish, 3012 Jackson Street, Sioux City, Iowa 51104, to initiate debit entries to my (our) account at the financial institution named below and authorize the financial institution named to debit the same from my (our) account. The attached voided check provides all of the information needed to complete the transaction.

My (our) Financial Institution's Name: _____

City _____ State _____ Branch _____

PLEASE NOTE – YOUR VOIDED CHECK MUST BE ATTACHED TO PROCESS THIS AUTHORIZATION

My (our) account is to be debited on the day(s) shown below beginning: _____

- Weekly (Every Friday) _____
- The 1st day of each month _____
- The 10th day of each month _____
- The 15th day of each month _____
- The 20th day of each month _____

Each debit is to be for the amount of \$ _____ and is to be distributed as follows:

FAMILY NAME (Please Print) _____

Address _____ City _____ State _____ Zip _____

Cell or Telephone No. _____

Email Address _____

Sign _____

Sign _____

Date _____

Envelope No. _____