

SS John & Paul Parish

AUTOMATIC DEBIT AUTHORIZATION FORM

IDENTIFICATION- Please complete

Name: _____	Social Security Number: _____
Address: _____ _____	
Phone Number: _____	Email Address: _____

FINANCIAL IDENTIFICATION – Please complete

Action Requested <input type="checkbox"/> Initial Set-Up <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Name of your Financial Institution: _____
	Address: _____ _____
	Account Number: _____ Checking <input type="checkbox"/> or Savings <input type="checkbox"/>
	Bank Routing Number: _____ **(see below)
	Amount to be deducted \$ _____ Monthly on ____ 1 st -or- ____ 15th _____

AUTHORIZATION- Please read

I authorize **SS John & Paul Parish** to debit by electronic transfer from my account above and credit by electronic transfer to **SS John & Paul Parish** the amount that I have indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that **SS John & Paul Parish** may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. I further understand that if changes occur in my account, i.e., changing account number, closing account, changing banks, etc. **it is my responsibility to contact SS John & Paul Parish immediately.**

To expedite processing, staple a voided check to this form. The routing number of your bank is the first set of number at the bottom of your check located on the left **xxxxxxx: (9 digits). Your account number is the next set of numbers (please include all 0's in the account number).

SS John & Paul Parish will retain this authorization for a period of two years from the date an authorization ceases.

Signature _____