



Member FDIC

AUTHORIZATION AGREEMENT FOR ACH DEBITS

COMPANY NAME St. Aloysius Church hereinafter called COMPANY.

I (we) hereby authorize COMPANY, to initiate debit entries to my (our)

[] checking [] savings account (select one) in the amount of \$ _____

Frequency _____ (weekly, monthly, semi-annual, etc.)

Start Date _____

at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Depository name Fidelity Bank & Trust

City/State/Zip Calmar, IA 52132 and Ossian, IA 52161

Routing Number 073914398 Account Number 557447

This authorization is to remain in full force and effective until COMPANY has received written notification from me (either of us) of termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____

Date _____

Signed _____

Signed _____

I authorize COMPANY and DEPOSITORY to initiate designated entries to my checking/savings account. This authority will remain in effect until I notify COMPANY or DEPOSITORY in writing to cancel in such time as to afford the COMPANY reasonable opportunity to act.

Also, I agree that I remain obligated to pay COMPANY in the event that a charge to my account is dishonored for whatever reason.

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE COMPANY WITH A DEPOSIT SLIP OR VOIDED CHECK.