



Complete this form if you wish to have your Sunday parish contribution taken directly out of your checking or savings account each month. Withdrawals are made on the 10th of each month. (For months in which the 10th falls on a weekend or holiday, the withdrawal is made on the last previous business day.)

**St. Olaf Direct Donation by Electronic Fund Transfer
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS**

St. Olaf Congregation

I (we) hereby authorize St. Olaf to initiate debit entries for the amount of \$_____ per month and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called Depository, to credit the same to such account.

Name of Depository Debited (My/our bank)		Branch
City	State	Zip Code
Transit/ABA No. *	Account No. **	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authority is to remain in full force and effect until St. Olaf and Depository have received written notification from me (us) of its termination in such time and in such manner as to afford St. Olaf and Depository a reasonable opportunity to act on it.

Parishioner

Parishioner

Parishioner's Signature and date

Parishioner's Signature and date

+ PLEASE ATTACH VOIDED CHECK HERE +

* These are the first digits at the bottom left of your check – please include all digits.
 ** These are the middle digits at the bottom of your check – please include all digits.