Credit/Debit Authorization Form

Authorization Agreement for Direct Deposit/Payment

I (we), ________________________________________________________, hereby authorize the Roman Catholic Diocese of San Angelo (“the diocese”) to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the diocese is notified by me (us) in writing to cancel it in such time as to afford the diocese and the financial institution listed below a reasonable opportunity to act on it.

ACH PAYMENTS ARE WITHDRAWN ON OR AROUND THE 10TH OF EACH MONTH

Monthly payment amount is determined by the Installment Contract

<table>
<thead>
<tr>
<th>Account Name</th>
<th>Grave/Crypt Location</th>
<th>Monthly Payment Amount (from contract)</th>
<th>Email Address for Statements</th>
<th>Phone Number</th>
<th>Financial Institution</th>
<th>Routing Number</th>
<th>Account Number</th>
<th>Account Type</th>
<th>Checking</th>
<th>Savings</th>
</tr>
</thead>
</table>

Signature: ____________________________________________ Date: __________________________

(Form is void without signature)