

SAINT FRANCIS OF ASSISI CATHOLIC CHURCH

7075 Ashworth Rd, West Des Moines, IA 50266

Phone: 515-223-4577 Fax: 515-223-4768

Authorization for Automatic Debit

I authorize you to debit my bank account on the **5th DAY OF EACH MONTH** for the amount shown below. I have attached a voided check on the account and bank I wish to have debited.

OR

I authorize you to debit my bank account on the **20th DAY OF EACH MONTH** for the amount shown below. I have attached a voided check on the account and bank I wish to have debited.

YOU MAY CHOOSE THE 5th OR THE 20th, BUT NOT BOTH

Effective Date: _____

The amounts shown below are monthly amounts

Tithe	\$ _____
School Donation	\$ _____
Building Fund	\$ _____
Other	\$ _____
Total Monthly Amount	\$ _____

Name: _____

Address: _____

City, State, Zip: _____

Signature: _____

Date: _____

IF THIS IS A NEW AUTHORIZATION:

- Attach a voided check if your deduction comes out of your checking account. (Do not use deposit slip for checking account.)
- Attach a deposit slip if your deduction comes out of your savings account.