

AUTHORIZATION FOR AUTOMATIC BANK WITHDRAWAL
ST MARGARET MARY CHURCH OF OMAHA – ATTN: BOOKKEEPING DEPT
6116 Dodge St Omaha NE 68132-2199 402-558-2255 EXT#101

Purpose of Authorization: (Check one)

New Authorization _____ Change to existing authorization _____ Cancellation _____
(Complete A,B,C and F) Complete (A,B,D and F) (Complete A and E)

STEWARDSHIP ___ **CLOSE THE GAP** ___ **TUITION** ___ **EXTENDED CARE** ___ **LUNCH ACCOUNT** ___

A. Individual Information

Name (please print) Social Security Number

Street Address City State Zip

B. Banking/Financial Institution Information

Name of Bank/Financial Institution Phone Number

Address Routing/ABA #

Checking Savings Account #

Monthly amount to be Debited for transfer \$ _____ Please select monthly date for transfer: 5th _____ 17th _____

C. NEW Authorization Statement

I authorize St. Margaret Mary Church to debit the above amount from the financial institution indicated above for withdrawal from my account. I understand I may terminate this agreement at any time by completing another Authorization form and sending it to St. Margaret Mary Church, allowing a reasonable time for them to act upon my request for termination. I hereby authorize St. Margaret Mary Church to initiate debit entries and initiate, if necessary, credit entries and adjustments for any debit entries in error to my account as indicated above and depositories named above to debit and/or credit the same to such account.

X _____ X _____
Signature Date signed

D. CHANGE Existing Authorization Statement

I authorize and request St. Margaret Mary Church to make the changes indicated on this form for automatic withdrawals to my account.

Signature Date signed

E. CANCEL Existing Authorization Statement

I request that St. Margaret Mary Church terminate my automatic withdrawal from my account. I will allow a reasonable time for them to act upon my request to terminate this agreement.

Signature Date signed

F. Attach a void check and return form to address listed above