

Authorization for Electronic Withdrawal Form

I authorize the Church of the Immaculate Conception, Rice, MN to initiate entries to my checking/savings account. This authority will remain in effect until I notify the Parish in writing to cancel it. Notification must be given two weeks in advance to cancel the transaction.

- Staple voided check here

Name of Bank/Financial Institution

Street Address

City

State

Zip Code

Name (Please Print)

Check one of the following boxes:

Checking

Savings

Monthly Total Authorized Dollar Amount

Effective Month to Begin

Routing Number (9 Digit Number on the bottom of the check)

Account Number

Check one or both options for fund transfer dates:

_____ On the 1st of each month and or

_____ On the 15th of each month

Signature of account holder

Date