

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

I authorize St. Patrick's Church & Peoples State Bank to initiate electronic entries to debit my account for my church contribution on the 1st of each month.

_____ **Checking Account** OR _____ **Savings Account**

This authority will remain in effect until I have cancelled it in writing.

Name _____			
Bank _____		Transit/ABA Routing Number (9 digits) _____	
Bank Address _____		Bank Account Number _____	
City _____	State _____	Zip Code _____	\$ _____ Monthly Amount
Signature _____		Date _____	

Please attach a voided check to this form.

Delete Automatic withdrawal

I would like the above automatic withdrawal to be discontinued effective immediately.

Signature _____ Date _____