



## AUTOMATIC BANK DRAFT AUTHORIZATION

Completing this form grants St. Aloysius Catholic Church permission to draft your bank account on the days of the month selected below. Forms can be mailed, delivered to the parish office or faxed 225-344-6847. Attn: Bookkeeper  
Revised Draft Amounts may also be emailed to [bookkeeper@staloyusparish.com](mailto:bookkeeper@staloyusparish.com).

Name

Address

City

State

Zip Code

Phone Number

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**New Authorization** (Attach a voided check or savings deposit slip)

**Revised – Bank Account** (Attach a voided check or savings deposit slip)

**Revised – Draft Amount** (Confirm checking/savings routing & account number)

Checking

Savings

Routing #

Account #

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If Revised – Bank Account is selected above, this section is not required.

If New Authorization or Revised – Draft Amount is selected above, complete this section.

**Please draft my account:**

\$ to the **Offertory** on the **1<sup>st</sup>** of each month.

\$ to the **Offertory** on the **15<sup>th</sup>** of each month.

\$ to the **Building Fund** on the **1<sup>st</sup>** of each month.

\$ to the **Building Fund** on the **15<sup>th</sup>** of each month.

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I **hereby authorize** St. Aloysius Catholic Church to process transactions to debit the account provided. This authority will remain in effect until reasonable notification is given to terminate this authorization.

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Authorized Signer on Account

Effective Date