



## 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

Name

Address

City

State

Zip Code

**New Authorization**

**Revised Authorization**

Please draft my account for the **Offertory** collection:

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

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

*(One or both may be scheduled)*

Please draft my account for the **Building Fund** collection:

\$ \_\_\_\_\_ 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.

*(One or both may be scheduled)*

I would like the automatic draft to come from my:

Checking account # \_\_\_\_\_ *(Attach a voided check)*

Savings account # \_\_\_\_\_ *(Attach a savings deposit slip)*

I **hereby authorize** St. Aloysius Catholic Church to process debit entries to my account (see attached voided check or savings deposit slip). This authority will remain in effect until I give reasonable notification to terminate this authorization.

\_\_\_\_\_  
Authorized Signer on Account

\_\_\_\_\_  
Effective Date