

Santa Maria de la Paz Catholic Community
ELECTRONIC WITHDRAWAL FORM

[Electronic Withdrawal of Sunday Contribution to Santa Maria de La Paz Catholic Community]
 Because your time is valuable!

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED CONTRIBUTION:

I [We] hereby authorize and request SANTA MARIA DE LA PAZ CATHOLIC COMMUNITY to initiate withdrawal entries to my [our] account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to withdraw the same from such account. Weekly contribution will be deducted each Monday. Monthly contributions will be deducted by the fifth [5th] of the month.

This authority is to remain in full force and effect until SANTA MARIA DE LA PAZ CATHOLIC COMMUNITY and FINANCIAL INSTITUTION receive written notification from me [or either of us] of its termination in such time and in such manner as to afford SANTA MARIA DE LA PAZ CATHOLIC COMMUNITY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PARISHIONER INFORMATION:

FIRST NAME:	MIDDLE OR INITIAL:	LAST NAME:	Preauthorized weekly contribution amount: \$
			Preauthorized monthly contribution amount: \$
			Check one: First (1 st) <input type="checkbox"/> Fifteenth (15 th) <input type="checkbox"/>
SPOUSE'S NAME:			Check type of account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
SMDLP ENVELOPE #:			
NAME OF FINANCIAL INSTITUTION:			CHECKING OR SAVINGS ACCOUNT #:
SIGNATURE:			DATE:

Attached voided check for Checking or Money Market Account:

Attach voided check here