

## AUTHORIZATION FOR DIRECT PAYMENT

I authorize *ST ANTHONY PARISH* and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution three (3) days before my account is charged.

\_\_\_\_\_  
(NAME OF MY FINANCIAL INSTUTION)

\_\_\_\_\_  
(BRANCH)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP)

X  
\_\_\_\_\_  
(MY SIGNATURE)

\_\_\_\_\_  
(MY PRINTED NAME)

\_\_\_\_\_  
(MY PRINTED ADDRESS)

Account no. \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_  
**\*\*STAPLE VOIDED CHECK OR SAVINGS DEPOSIT TO THIS DOCUMENT\*\***

My financial institution routing no. \_\_\_\_\_  
(9 digit number between these symbols | : | : on bottom left of your check or savings deposit)

Please deduct \$ \_\_\_\_\_ from my account on the following date(s) of the month:

CHOOSE ONE: \_\_\_\_\_ 5<sup>th</sup> of each month \_\_\_\_\_ 20<sup>th</sup> of each month \_\_\_\_\_ 5<sup>th</sup> & 20<sup>th</sup> of month

I CHOOSE NOT TO PARTICIPATE IN DIRECT DEPOSIT FOR THE BENEFIT OF ST ANTHONY PARISH.

X  
Sign here **ONLY** if you **DO NOT** wish to participate

\_\_\_\_\_  
(Print Name)