

**Authorization for automatic WITHDRAWALS  
to Bank Account**

ST JAMES CATHOLIC CHURCH Company Name		<del>018</del>	
My Bank Name		My Bank Branch	
My Bank's City		State	
My Bank's Routing Number (from checks)		My Bank Account No.	
My Name		<del>My Taxpayer ID Number</del>	

I hereby authorize the Company identified above to withdraw funds ("debits")

In any amount Circle date funds are to be withdrawn  
from your Bank

For exactly \$ \_\_\_\_\_

For up to \$ \_\_\_\_\_ 1<sup>st</sup> of each month or 15<sup>th</sup> of each month

For between \$ \_\_\_\_\_ and \$ \_\_\_\_\_

to my  checking  savings account ("Bank Account") identified above at My Bank identified above through the Automated Clearing House system. I also authorize the Company to initiate deposits ("credits") from my Bank Account to correct any errors that may have been made with debits to my Bank Account. I authorize My Bank to process these debits from and credits to my Bank Account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization will remain effective until I give the Company written notice to the contrary and the Company has had a reasonable period of time to act on that notice. My revocation of the Company's authority to initiate debits to my Bank Account will not affect the Company's right to initiate credits to my Bank Account to correct or adjust a debit processed before my revocation of authority has become effective.

I warrant to Company and to Company's Bank (First Northern Bank) that:		Today's Date	
<input type="checkbox"/> Only my signature is needed on this authorization to make it effective for my Bank Account.	<input type="checkbox"/> Everyone whose signature is needed on this authorization to make it effective for my Bank Account has signed it.	My Signature _____	
		Signature of Other Required Signer _____	