

Authorization Agreement for Preauthorized Payments

St. Catherine of Siena Catholic Student Center
1150 28th Street
Des Moines, IA 50312

I (We) hereby authorize St. Catherine of Siena Catholic Student Center, hereinafter called Parish, to initiate debit entries to my (our) checking or savings account as indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

Depository Name _____

City _____ State _____ Zip _____

Transit/ABA Number _____

Account Number _____

Please attach a voided deposit Slip or Check

This authorization is to remain in full force and effect until Parish and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Parish and Depository a reasonable opportunity to act on it.

Name _____

Signed _____ Date _____

Please choose one of the following as your preferred date to have funds transferred to the Parish Account.

Monthly on the 1st of the month _____

Monthly on the 15th of the month _____

Amount to be taken out of your account per date specified \$ _____

Thank you very much for choosing the Preauthorized Payment method for satisfying your pledge. If you have any questions, please contact Ed Arnold at 979-6215 or email at arnoldurb@aol.com or contact the office, 271-4747; email saint.catherine@drake.edu.