

## Authorization Agreement for Automatic Debits

*Please Print* or use the *Fillable Fields* PDF feature to type responses.

Last Name		First Name	
Address			
City	State	Zip	Primary Phone #

I (we) hereby authorize St. Pius X hereinafter call Church to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicted below and the bank named below, hereinafter called Bank, to debit and/or credit the same to such account.

Bank Name	Routing Number
Type of Account ( <i>check one</i> ) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number
Amount to be debited for <b>Sacrificial Giving</b> \$	
Amount to be debited for <b>Capital Maintenance</b> \$	
To be debited ( <i>check one</i> ) <input type="checkbox"/> Weekly on Friday or Monthly on the: <input type="checkbox"/> 1st <input type="checkbox"/> 15th <input type="checkbox"/> 25th of each month	
This authority is to remain in full force until Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Church and Depository a reasonable time to act on it.	
First/Last Name	First/Last Name
Date	Date
Signature	Signature

*Please attach a **VOIDED check** to this form and return to the Parish Office.  
If submitting electronically, a scan or smart phone photo of your voided check may be supplied.*

*Contact [bookkeeper@stpiusxappleton.com](mailto:bookkeeper@stpiusxappleton.com) for any questions.*