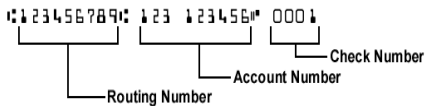


AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

St. Veronica Congregation

ES7382

Envelope # (leave blank if not applicable)		
Last Name		First Name
Address		
City	State	Zip

Please debit my contribution from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  <p style="font-size: small; margin-left: 100px;"> 123456789: 123 1234567 0001 Routing Number Account Number Check Number </p>
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Date of first contribution: ____/____/____	Frequency of contribution: (please check one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly on the 1 st <input type="checkbox"/> Annually	Church fund designations and amounts: <input type="checkbox"/> Stewardship \$ _____ <input type="checkbox"/> Feed and Shelter the Needy \$ _____ <input type="checkbox"/> Fr Wish List \$ _____ <input type="checkbox"/> Parish Mortgage \$ _____ <p align="right">Total \$ _____</p>
Special Instructions: _____ _____ _____		

AGREEMENT

I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please staple voided check here.