



**St. Clare Parish**  
Askeaton † Greenleaf † Wrightstown

920-864-2218 † [www.stclareagw.org](http://www.stclareagw.org)  
2218 Day Street, Greenleaf WI 54126

## 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. Clare Parish hereinafter called Parish to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated 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>DMI Fund</b> \$	
To be debited ( <i>check one</i> ) Monthly on the:	5th of each month      25th of each month
This authority is to remain in full force until Parish has 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 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.

[Email bizmgr@stclareagw.org with questions](mailto:bizmgr@stclareagw.org)