**For Your Convenience**

Have your weekly/monthly Sunday offering automatically withdrawn from your checking or savings account. It's simple . . .and safe. Complete the form below to sign up for this convenient service.

**FOR OFFICE USE ONLY**

**Received**_____

**Letter Sent**_____

**First Withdrawal**_____

**ACH Permission Rescinded by:**

_____

**Via: ____Telephone ____Email ____Letter**

**Date Stopped:**_____

# AUTOMATIC WITHDRAWAL

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

**Company Name:** IMMACULATE CONCEPTION PARISH

I (we) hereby authorize IMMACULATE CONCEPTION PARISH, hereinafter called **COMPANY**, to initiate debit entries to my (our) checking/savings account indicated below and bank named below, hereinafter call **DEPOSITORY**, to debit the same to such account.

DEPOSITORY NAME:_____ BRANCH:_____

City:_____ STATE:_____ ZIP:_____

ROUTING NO.:_____ ACCOUNT NO.:_____

(cirle one) CHECKING SAVINGS

DEBIT AMOUNT: $_____ DEBIT (circle one) Monthly Semi Monthly

**Distribution of Debit:** **$_____ Stewardship**
**$_____ Church Debt Reduction**

15th or 30th 15th and 30th
**(Circle one)**

This authority is to remain in full force and effect until COMPANY 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 COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (PLEASE PRINT):_____ ENVELOPE NUMBER:_____

SIGNATURE_____

DATE:_____

For any questions, please call Rose Burke @ 940-565-1770 or email her at: book.keeper@iccdenton.org

Please return this complete form with your voided check to:

Immaculate Conception Catholic Church
2255 North Bonnie Brae
Denton, Texas 76207
**ATTENTION: Mrs. Rose Burke**