

**AUTOMATIC WITHDRAWAL FORM
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I/We authorize the Bank of St Elizabeth to initiate debit entries from my/our deposit account at the Depository Institution below ("Depository"), for the purposes of accomplishing the following preauthorized payments to OLOS Parish on the due date (as stated below). I/We authorize the Depository to accept debit entries to my/our account until it is canceled in writing by me (or either of us). Written notification of termination will be provided in sufficient time and in such manner as to allow Bank of St Elizabeth and the Depository a reasonable opportunity to cancel. Payment will be made on the date specified below, unless that date falls on a weekend or holiday, in which case the transaction will be made the following business day.

Depositor Name: _____ Telephone Number: _____

Bank Name: _____ Bank Routing Number: _____

Checking Account #: _____ Savings Account #: _____

Draft Date: _____ Date of First Draft: _____

Amount of Draft: _____

Frequency: Weekly _____ Monthly _____ Other _____

I/We acknowledge receipt of an exact copy of the Authorization Agreement.

Signature Date

Signature Date

Bank of St Elizabeth must be in receipt of this original signed authorization. If automatic withdrawal is from a checking account, attach a voided check. If automatic withdrawal is from a savings account, attach a savings account deposit slip. (If voided check or savings account deposit slip is not attached, this agreement could be rendered null and void.)