

AUTHORIZATION FOR DIRECT CONTRIBUTION PLAN

I authorize **St. Therese Catholic Church** and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

<u>FUND</u>	<u>Frequency*</u>	<u>CK/SAV</u>	<u>Amount</u>
_____ Regular Support	_____	_____	\$ _____
_____ Our Church-Our Future	_____	_____	\$ _____
_____ CFSA	_____	_____	\$ _____
_____ Building Fund	_____	_____	\$ _____
_____ Other (designate)	_____	_____	\$ _____

- **Frequency = W - Weekly (Mondays), or M - Monthly (15th of the month)**

Name of Financial Institution _____

City, State, Zip Code _____

Financial Institution Routing Number _____
 (9 digit number between these symbols |: |: on the bottom left side of your check)

Account Number _____ Checking _____ or Savings _____

Signature _____ Date _____

Name - Please Print _____

Address - Please Print _____

Please attach a voided check to this form.

RETAIN FOR YOUR RECORDS

On _____ (date) I authorized **St. Therese Catholic Church at 901 North Tahoe Trail in Sioux Falls, South Dakota 57110** to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I can revoke my authorization with St. Therese Catholic Church at any time by writing to the address above.

Payment Amount(s):	Regular Support	\$ _____,	Frequency	_____
	Capital Campaign	\$ _____,	Frequency	_____
	CFSA	\$ _____,	Frequency	_____
	Building Fund	\$ _____,	Frequency	_____
	Other	\$ _____,	Frequency	_____