

# AUTHORIZATION FOR AUTOMATIC PAYMENT ONCE A MONTH

St. Marcus 8701 Main Avenue PO Box 237 Clear Lake, MN 55319  
(320) 743-2481

I authorize St. Marcus & the financial institution named here to initiate entries to my checking or savings account on the 15th of each month. This authority will remain in effect until I notify St. Marcus in writing to change or cancel it in such time, as to afford the bank a reasonable opportunity to act on it. If the 15th falls on a weekend or holiday, the transaction will occur on the next available business day.

I understand that it is my responsibility to give advance notice to St. Marcus of any changes to: my account number, closing of my account or change to a different financial institution. It is also my responsibility to notify the church if I wish to suspend or cancel the transaction - or change the amount of the transaction.

**MY NAME AND ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_ **MY PHONE NUMBER:** \_\_\_\_\_

**NAME AND ADDRESS OF MY FINANCIAL INSTITUTION/BANK:**

\_\_\_\_\_

\_\_\_\_\_

**Initiate entries from my:**

\_\_\_ Checking Account (attach voided check) Checking account number

\_\_\_ Savings Account (attach voided deposit slip) Savings account number

\$ \_\_\_\_\_ (per month) (Office Use Only: Parishioner Envelope # \_\_\_\_\_)  
(whole dollars only, no cents)

**I want the first transaction to take place in:** \_\_\_\_\_, \_\_\_\_\_  
(month) (year)

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail to Parish Office with voided check or deposit slip:**

*St. Marcus  
PO Box 237  
Clear Lake, MN 55319*