

St. Margaret Mary Parish Community

3990 NORTH NINETY SECOND STREET, MILWAUKEE, WI 53222 — PHONE 414/461-6073

AUTHORIZATION FOR DIRECT PAYMENT

I authorize St. Margaret Mary Parish and the financial institution named below to initiate entries to my checking, money market or 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 three days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)		(BRANCH)
(CITY)	(STATE)	(ZIP CODE)
(SIGNATURE)		(DATE)
(NAME — PLEASE PRINT)		
(ADDRESS — PLEASE PRINT)		

Account No. _____ Checking _____ Money Market _____ Savings _____

Financial Institution Routing Number _____

(The number is between these symbols |: :| on the bottom left of your check.)

Please provide a "voided" check for checking or money market accounts if possible.

I authorize payments as follows: Weekly _____ Monthly _____ Quarterly _____ Yearly _____

Payments will be effective on the last business day of the above period selected.

Dollar Amount Per Payment \$ _____

Payments To Begin _____ (A minimum of two weeks is required after this form is sent to St. Margaret Mary Parish to establish automatic withdrawal.)

Please return this form to St. Margaret Mary Parish.

RETAIN FOR YOUR RECORDS

On _____ (date) I authorized St. Margaret Mary Parish to initiate electronic entries to my checking, money market or savings account. I may revoke my authorization with St. Margaret Mary Parish at any time by providing written revocation. I authorized payments as follows:

Payments Weekly _____ Monthly _____ Quarterly _____ Yearly _____
Dollar Amount Per Payment \$ _____ Date Payments To Begin _____