



St. Joseph Parish



AUTOMATIC DEBIT AUTHORIZATION FORM

Print Name: _____

Street: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Action Requested (check one):

☐ Initial Set-Up

☐ Change

☐ Cancel

Financial Institution Name _____

Street: _____

City, State, Zip: _____

Account Number: _____ Checking Savings

Routing Number: _____

The routing number of your bank is the first set of numbers at the bottom of your check located on the left xxxxxxxx: (9 digits). Your account number is the next set of numbers.

Amount to be deducted \$ _____ Monthly on ☐ 1st or ☐ 15th

AUTHORIZATION – I authorize St. Joseph Parish to debit by electronic transfer from my account above and credit by electronic transfer to St. Joseph Parish the amount that I have indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that St. Joseph Parish may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide notice of cancellation. St. Joseph Parish reserves the right to reverse an incorrect posting. However, I fully understand that St. Joseph Parish must notify me on or before the settlement date and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., changing account number, closing account, changing banks, etc. it is my responsibility to contact St. Joseph Parish immediately.

Staple a voided check to this form and return to our office at 3300 Easton Blvd. Des Moines, Iowa 50317.

Signature: _____ Date: _____

3300 Easton Boulevard Des Moines Iowa 50317-3298 (515) 266-2226