

St. Thomas More Church

AUTHORIZATION FORM DIRECT DEBIT OF ACCOUNT

Name _____ SSN# _____
Last First Middle

Check Applicable Election:

____ New participant. Complete and sign this form. **Attach a voided check for each account or a deposit slip if account does not use a check.**

____ Change of accounts and/or financial institution. Complete and sign this form. **Attach a voided check for new checking account or deposit slip for new savings account.**

____ Cancel participation. Sign form.

Select Primary Account:

Checking Account # _____ Savings Account # _____

Dollar amount to be debited per payment period: \$ _____

Payment Period: (Please check one) Weekly Monthly Quarterly Other (Specify)

Financial Institution _____

City and State _____

AUTHORIZATION STATEMENT:

I hereby authorize St. Thomas More Church and the financial institution above to debit my account electronically each payment period. This authority will remain in effect until I have signed a new authorization, or upon cancellation of participation. I (we) agree to fully comply with all aspects of U.S. law.

Signature Date

To participate in this program please mail completed form to:

**St. Thomas More Church
5645 Blandville Road
Paducah, KY 42001-8722**

IN ORDER TO PROPERLY CHANGE OR CANCEL THIS AUTHORIZATION, YOU MUST NOTIFY US IN WRITING TO ADDRESS ABOVE.

YOU ARE ENTITLED TO RECEIVE A COPY OF THIS COMPLETED AUTHORIZATION.