

Authorization Agreement

I hereby authorize St. Henry Parish to initiate debit entries to my account in the amount indicated on the 5th of each month.

\$ _____ Checking Account (attached voided check)

\$ _____ Savings Account (attached a savings deposit slip)

Name on Account (please print) _____

Address _____

City, State, Zip Code _____

Phone: _____ E-Mail Address _____

Financial Institution: _____

Routing Number: _____

Checking Account Number: _____

Savings Account Number: _____

This authority is to remain in full force and effect until St. Henry Parish has received written notification from me of its termination in such time and in such manner as to afford St. Henry parish and Fifth Third Bank a reasonable opportunity to act upon it.

Name _____

Signature _____ Date _____

**** Attach Voided Check or Savings Deposit Slip****