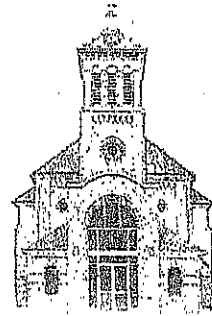


# St. Boniface Church

PO BOX 190  
106 E 4<sup>TH</sup> ST.  
STUART, NE 68780  
402-924-3262



## Debit Authorization

I (we) hereby authorize St. Boniface Church to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct:  Checking  Savings

Amount \_\_\_\_\_ 1<sup>st</sup> of the month \_\_\_\_\_ 15<sup>th</sup> of the month \_\_\_\_\_

This authorization is to remain in full force and effect until St. Boniface Church has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford St. Boniface Church and Financial Institution a reasonable opportunity to act on the request.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Start Month & Year)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**