

**Parish Contribution
Direct Debit Authorization**

I authorize St. Cletus Parish and First National Bank of La Grange to debit my account (as described below) with pre-authorized payments on my behalf. This authorization will remain in effect until revoked by me in written form and received by St. Cletus Parish. I understand that in such a case that a debit is necessary to my account, I agree that the treatment of such a withdrawal order shall be the same as if it were signed or otherwise personally authorized by me. If such an item were to be dishonored, with or without cause, I shall not hold St. Cletus or the bank responsible for any such liability.

Name as it appears on account _____

Parishioner Name if different from above _____

Envelope # _____

Address _____

City, State, Zip _____

Name of Your Bank _____

ABA Routing Number _____ **Account Number** _____

Account Type Checking _____ Savings _____

Amount of Contribution _____

Date(s) Contribution(s) Debited 5th of month _____ and /or 20th of month _____

Or, the first business day after should the above dates fall on a weekend/bank holiday.

By signing this agreement, I agree to the stated terms as described above:

Signature of **Account Holder (s)** _____ Date _____

_____ Date _____

Please attach a voided check.

***Please return to the rectory via the Sunday basket, you may also mail or bring to the rectory.**