

Authorization for Direct Payment

Date _____ Parish Envelope Number _____

I authorize St. Stanislaus Parish and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my parish three working days before my account is charged. **Note – You will continue to receive your monthly envelope packet for special envelopes such as: Holy Days, Parish Improvement, Easter & Christmas Flowers, Retired Religious, DCCW and other special collections** (unless you inform us to stop *all* envelopes.)

(Name of Financial Institution)

(City) (State) (Zip)

Account # _____

Financial Institution Routing # _____

Amount \$ _____ Checking Account Savings Account

Circle one or both days for transaction: 5th 20th
(If you choose both dates, then one-half of the amount will be deducted on each date.)

(Signature)

(Name –PLEASE PRINT)

(Address – PLEASE PRINT)

(City) (State) (Zip)

Please return this authorization form along with a **voided check** to St. Stanislaus Parish. Thank you!