

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
PAYMENTS
(ACH WITHDRAWALS)**

I (we) hereby authorize St. Isidore Church, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY NAME _____

ADDRESS _____

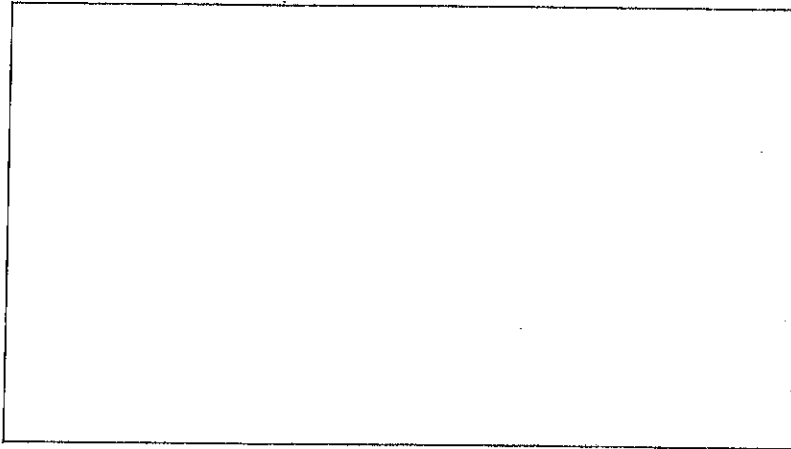
TRANSIT/ABA NO _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY reasonable opportunity to act on it.

X NAMES _____

X DATE _____ X SIGNED _____

TAPE YOUR VOIDED CHECK HERE



_____ month