St. Mary's Catholic Church

ACH Authorization

St. Mary's Catholic Church 603 Main Street Guthrie Center, Iowa 50115

Written Signature: ____

\mathbf{C}	GUTHRIE COUNTY S T A T E B A N K			
B	STATE BANK Connecting Communities			

Guthrie County State Bank P.O. Box 8 - Guthrie Center, Iowa 50115 P.O. Box 757 - Panora, Iowa 50216

Please download, fill out this form, sign it, and return it to GUTHRIE COUNTY STATE BANK. You must bring with you a copy of a voided check from the account you wish to make the transaction from.

I (we) hereby authorize ST. MARY'S CATHOLIC CHURCH (through GUTHRIE COUNTY STATE BANK, hereinafter called GCSB), to initiate debit entries to my (our) account indicated below and the FINANCIAL INSTITUTION named below, hereinafter called FI, to credit the same to ST. MARY'S CATHOLIC CHURCH. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of the U.S. law.

FI Name:			City:		
	(Bank or Financial		,	(Name of the city the bank is located in)	
Bank Routing Number:	(See sample check below)		_ Account Number:		
j i i i				(See sample check below)	
Checking OR	Savings (Select	only one)			
	Chu	ırch Contributi	ons will be debited		
Weekly (W) on	(Example: Friday)	OR M	onthly (M) on the	day of each month.	
Debits will post the foll	owing business da	ay if the norma	l date falls on a week	end or a federal Monday holiday.	
Amount: \$					
W (Weekly) M (Monthly)				
Start Date:	Month	Year	_		
This authority is to rem	nain in full force a 8014) has received	nd effect until		IC CHURCH or GUTHRIE COUNTY e of its termination within two days	
Printed Name:					

Date: __