

**St. Bernard Congregation
1617 W. Pine Street
Appleton, WI 54914-5118**

02-10

Phone 920-739-0331 * FAX 920-749-9771

DIRECT DEPOSIT AUTHORIZATION FORM

I authorize St. Bernard Congregation and the financial institution named below to initiate deductions or credits to my account either by electronic funds transfer or paper draft. This authorization will remain in effect until revoked by me in writing or by telephone.

Please select payment frequency: 5th day of month and/or 20th day of month

You may choose to have the contribution amount indicated below deducted once per month (either the 5th day or the 20th day of the month) or twice per month (on both the 5th day and the 20th day of the month). If a day is not specified, the 5th day of the month will be used.

Check the type of account:

Share Draft/Checking *(Please attach a blank VOIDED check.)* Amount \$ _____

Share Account/Saving Amount \$ _____
(Only available for accounts that accept electronic deductions. Indicate account number below.)

Account Number: _____ Bank Routing Number (9 digit): _____

Financial Institution: _____ () _____
Area Code Telephone Number

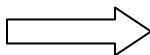
Financial Institution Address: _____
Street City State Zip

Print Name(s): _____
Account Owner Joint Account Owner (if applicable)

Signature(s): _____
Account Owner Joint Account Owner (if applicable)

Date: _____ Account Owner: () _____
Area Code Telephone Number

For Share Draft/Checking
Account deductions, please
attach a blank VOIDED
check here.



| | |
|-----------------------------|-------------|
| YOUR NAME | 1444 |
| 1234 YOUR STREET | |
| YOUR TOWN, USA | |
| | Date: _____ |
| PAY TO THE | |
| ORDER OF _____ | \$ _____ |
| | DOLLARS |
| YOUR CREDIT UNION OR BANK | |
| Memo _____ | _____ |
| :031000095: 4500009733 1444 | |

Please return completed form to St. Bernard Parish Office. Thank You.