

# St Katharine Drexel Parish

119 W 7th Street  
Kaukauna WI 54130

Phone 920-766-1445 \* FAX 920-766-1476

## DIRECT DEPOSIT AUTHORIZATION FORM

I authorize St. Katharine Drexel Parish and the financial institution named below to initiate deductions to my account by electronic funds transfer. This authorization will remain in effect until revoked by me in writing or by telephone.

Please select a payment frequency: ☐ 1st day of the month ~ or ~ ☐ Weekly on Mondays

Check the type of account:

☐ Checking *(Please attach a blank VOIDED check.)* Amount \$ \_\_\_\_\_

☐ Savings Amount \$ \_\_\_\_\_  
*(Only available for accounts that accept electronic deductions. Indicate the account number below.)*

Account Number: \_\_\_\_\_ Bank Routing Number (9 digit): \_\_\_\_\_

Financial Institution: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

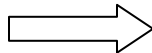
Financial Institution Address: \_\_\_\_\_  
Street City State Zip

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 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	<b>VOID</b>	\$ _____
		_____ DOLLARS
YOUR CREDIT UNION OR BANK		
Memo _____		
*****0000	****000	1444

**Please return the completed form to:**

**Kaukauna Catholic Parishes Office at 112 W 8<sup>th</sup> Street, Kaukauna WI 54130**

**THANK YOU**