

SAINT AUGUSTIN PARISH

545 42ND STREET, DES MOINES, IOWA 50312-2706

PHONE (515) 255-1175 / FAX (515) 255-7969

EMAIL: INFO@STAUGUSTIN.ORG

WWW.STAUGUSTIN.ORG

Authorization Agreement for Automatic Withdrawal

I (we) herby authorize St. Augustin Church to initiate debit entries to my (our) bank account indicated below and the Financial Institution named below. I (we) acknowledge the origination of ACH transactions to my (our) bank account must comply with the provisions of the U.S. law. Withdrawals are for the purposes of paying our tithes to St. Augustin Church.

Name: _____

Address: _____

City/State/Zip: _____

Please select one tithing option:

1st of Month \$ _____

15th of Month \$ _____

Twice a Month (1st & 15th) \$ _____
(this amount two times a month)

Effective Date: _____

Bank Information:

Financial Institution: _____ Type of account: _____

Routing #: _____ Account #: _____

Signature: _____ Date: _____

Please attach a voided check and return to:

St. Augustin Parish
545 42nd Street
Des Moines, IA 50312

If you have any questions please contact Jill Frederick, Accountant, at accountant@staugustin.org or (515) 255-1175 x206. You will no longer receive weekly tithe envelopes but will receive a packet of envelopes in January each year for the special collections throughout the year.