

**St. Isidore Catholic Community  
218 South 12th Street  
Osage IA 50461**

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**

I hereby authorize St. Isidore Catholic Community to initiate debit entries to my  
**Checking / Savings** account. (CIRCLE ONE)

My account number and financial institution are indicated below.

If withdrawing from a Checking account, please attach voided check or deposit slip.

**Financial Institution:** \_\_\_\_\_  
**Financial Institution Address:** \_\_\_\_\_  
**Routing Number:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  
**Dollar Amount: \$** \_\_\_\_\_  
**Effective Date:** \_\_\_\_\_  
**Frequency:**      Monthly      Bi-Weekly      Weekly      \_\_\_\_\_

**Attach Voided Check or Deposit Slip Here if Checking Account is Used.**

**Name (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Budget Envelope Number** \_\_\_\_\_     **Parish** \_\_\_\_\_

This agreement will remain in effect until terminated by either party. You may terminate this authorization by giving us 15 days written notice at the following address:

**The Home Trust and Savings Bank, 628 Main St. PO Box 150, Osage IA 50461**