

CREDIT/DEBIT AUTHORIZATION FORM

I (We) hereby authorize ST. ALEXANDER PARISH to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION) and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until ST. ALEXANDER PARISH is notified by me (us) in writing to cancel it in such time as to afford ST. ALEXANDER PARISH and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

(Home Phone Number)

(Cell Phone Number)

(E-mail Address)

Checking/Savings Account

Number: _____

Financial Institution Routing

Number: _____

(Look between these symbols 1: :1 on the bottom left of your check)

Amount to be transferred each month: \$ _____