

# Authorization Agreement for Automated Giving

I, \_\_\_\_\_, hereby authorize St. Paul Catholic Center,  
(please print)

Bloomington, Indiana, to initiate debit entries to my  Checking or  Savings account indicated below and the depository named below to debit the same such amount.

Amount \$ \_\_\_\_\_ monthly on the first of the month

OR:

Amount \$ \_\_\_\_\_ on the first AND fifteenth of the month

Depository: Old National Bank, Bloomington, IN 47408

Banking Transit-ABA#: \_\_\_\_\_  
(always nine digits)

Bank Account Number: \_\_\_\_\_

*(Attach to this form a voided check if checking account debit  
or a pre-printed savings deposit ticket if savings account.)*

This authorization is to remain in full force effect until St. Paul Catholic Center has received written notification at least five business days in advance of the desired termination date.

\_\_\_\_\_  
(Authorized signature for above account) Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

If second signature is required:

\_\_\_\_\_  
(Authorized signature for above account) Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

Please continue sending me stewardship envelopes.  Cancel my stewardship envelopes.

Return completed forms to : St. Paul Catholic Center  
Attn: Business Manager  
1413 E 17th Street  
Bloomington, IN 47408