

St. Clement Parish, Lancaster, WI
135 S. Washington St.
Lancaster, WI 53813
723-4990

ELECTRONIC DEBIT

Please complete and return to St. Clement Parish Office.

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my:

Checking Account

Savings Account

Amount to be debited: \$ _____

How often? Weekly (every Monday)

Monthly (on the 1st)

Monthly (on the 15th)

This authority will remain in effect until I have cancelled it in writing.

Name (please print): _____

Financial Institution: _____

Branch Routing #: _____

Account Number: _____

City and State: _____

Signature: _____ Date: _____

Email address: _____

STAPLE VOIDED CHECK HERE