



ST. LOUIS THE KING

CATHOLIC CHURCH

FATHER GLENN J. THEORET, PASTOR

264 SILVER CREEK ROAD • MARQUETTE, MI • (906) 249-1438 • WWW.SLTKCHURCH.ORG



DEBIT AUTHORIZATION

I (we) hereby authorize St. Louis the King Catholic Church to initiate debit entries to my (our) account indicated below and the financial institution named below to credit the same such account.

Your Name as on account

Address

City/State

Zip

Name of your financial institution

Routing Number

Account Number

___ Checking ___ Savings

Amount I (we) wish to Contribute Monthly \$ _____ Withdraw on ___ 1st ___ 15th

This authorization is to remain in full force and effect until St. Louis the King Catholic Church has received notification from me (or either of us) of its termination in such time and manner as to afford St. Louis the King and the Financial institution reasonable opportunity to act on it.

Signature

Date

Printed Name

Signature

Date

Printed Name

PLEASE ATTACH COPY OF A VOIDED CHECK TO THIS FORM

WE CARE... WE SHARE...
THE FRIENDLY FAMILY OF ST. LOUIS THE KING