



DEBIT AUTHORIZATION

I (we) hereby authorize Guardian Angels Central Catholic Capital Campaign, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. **I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of the US law.**

Total Commitment: _____ **Effective Date for 1st Withdrawal:** _____
(Over 5 years) (One month from signature date)

Frequency (Number is the total number of withdrawals to occur during the course of 5 years):

- Annual** **Semi-annual** **Quarterly** **Monthly**
5 Total Withdrawals 10 Total Withdrawals 20 Total Withdrawals 60 Total Withdrawals

Amount of Debit (to be pulled at each interval - take total commitment divided by total number of withdrawals based on frequency): _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name **Signature** **Date**

PLEASE ATTACH COPY OF A VOIDED CHECK TO THIS FORM.

Attach Check Here

Below is for Office Use Only.

F&M Bank

Bank Name

104901513

Routing Number

204 N Main St, West Point, NE 68788

Bank Address

Account Number