



**ST. THOMAS AQUINAS**  
CATHOLIC CHURCH

1321 N. Stratford Lane ♦ Wichita, KS 67206  
316.683.6569 ♦ Church@StThomasWichita.com ♦ www.StThomasWichita.com

**Automatic Withdrawal Authorization Agreement**

I (we) hereby authorize St. Thomas Aquinas Catholic Church, hereinafter called St. Thomas, to initiate debit entries to my (our) checking or savings account as follows:

**Tithe – Regular Contributions**

- Monthly – The first day of every month in the amount of \$ \_\_\_\_\_
- Monthly – The 15<sup>th</sup> of every month in the amount of \$ \_\_\_\_\_
- Weekly – Monday of each week in the amount of \$ \_\_\_\_\_

**Building Preservation**

- Monthly – The first day of every month in the amount of \$ \_\_\_\_\_

**Altar Flowers**

- Monthly – The first day of every month in the amount of \$ \_\_\_\_\_

**Mission Outreach**

- Monthly – The first day of every month in the amount of \$ \_\_\_\_\_

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in effect until St. Thomas has received written notification from me (us) of its termination in such time as to afford St. Thomas and its bank to reasonably act on it.

Name(s): \_\_\_\_\_ Envelope Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_