

**GOOD SHEPHERD CATHOLIC PARISH  
AUTOMATIC WITHDRAWAL REQUEST**

In gratitude for God's blessing my/our automatic withdrawal will be: \$ \_\_\_\_\_/month

Effective date of first transfer: \_\_\_\_\_ (Please allow at least 2 weeks)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Date: \_\_\_\_\_

**Please indicate the method:**



**Entire amount on the 1<sup>st</sup> of each month**  
**Entire amount on the 15<sup>th</sup> of each month**  
**1/2 on the 1<sup>st</sup> and 1/2 on the 15<sup>th</sup> of each month**

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-digit Routing #: \_\_\_\_\_

Type of account:      Checking      Savings

**THE PARISH IS HEREBY AUTHORIZED TO AUTOMATICALLY WITHDRAW THE DESIGNATED AMOUNT FROM MY ACCOUNT LISTED ABOVE. I UNDERSTAND THAT I CAN MODIFY OR CANCEL THIS AGREEMENT AT ANY TIME BY NOTIFYING THE PARISH IN WRITING.**

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

Date: \_\_\_\_\_

**I WANT TO CANCEL MY AUTOMATIC WITHDRAWAL FROM THE ACCOUNT LISTED ABOVE.**

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

Date: \_\_\_\_\_

Please mail the completed form to:

**GOOD SHEPHERD CATHOLIC PARISH, PO BOX 39, BREDA IA 51436**

**RECURRING ACH-TRANSFER AUTHORIZATION FORM**  
**AUTHORIZATION AGREEMENT TO CREDIT**  
**GOOD SHEPHERD CATHOLIC PARISH**

**Please credit the following account:**

**Checking: X                      Savings: \_\_\_\_\_**

**Bank Name: BREDA SAVINGS BANK**

**Bank Routing number: 073912196**

**Bank Account number:**

**Start date: \_\_\_\_\_**

**Frequency: \_\_\_\_\_**