



## SCHEDULE D

### Authorization Agreement For Preauthorized Payments

Company Name HOLY FAMILY CHURCH; Peoria, IL

I (we) hereby authorize Holy Family Church (Peoria, Illinois) to initiate debit entries to my (our) Checking Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

DEPOSITORY NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ABA TRANSIT NO. \_\_\_\_\_ (should be nine digits)

ACCOUNT NO. \_\_\_\_\_

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

NAME OF ACCOUNT HOLDER: \_\_\_\_\_  
(please print)

SIGNED (X) \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF ACCOUNT HOLDER: \_\_\_\_\_  
(please print)

SIGNED (X) \_\_\_\_\_ DATE \_\_\_\_\_

**Please attach a VOIDED check to this form.**