

**THIS IS EASY! PRE-AUTHORIZED CHURCH DONATIONS**

Over a year's time many of our parishioners write 50 or more checks to St. Stephen Parish for their weekly donation and other parish needs. This process can be made much simpler by using our parish's Debit System. Each month a charge is made to your bank account by our parish's bank for your donation. This saves time and the expense of printed checks. Use this form to begin this debit system. P.S. You still may want to place your envelope in the collection basket, simply check the box marked electronic.

**ALLEGIANCE COMMUNITY BANK  
8001 W. 183<sup>rd</sup> Street, Tinley Park, IL 60477  
ODFI-ORIGINATOR (CORPORATE) AGREEMENT  
Authorization Agreement for Pre-Authorized Payments  
For St. Stephen Parish**

NEW       CHANGE       CANCEL

---

**Customer Information...**

Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_

I (we) hereby authorize ST. STEPHEN PARISH, hereinafter called COMPANY, to initiate entries to my (our)  Checking  Savings account (select one) indicated below and the depository named below, hereinafter called Financial Institution, to debit such account.

---

**Transfer Information ....**

Transfer Record No.

Account to Debit:

Account to Credit:

Name Financial Institution

Name Financial Institution  
ALLEGIANCE COMMUNITY BANK

ABA No.

ABA No.      071925871

Account Type

Account Type      Checking

Account Name

Account Name      St. Stephen Parish

Account No.

Account No.      1710342

PLEASE ATTACH VOIDED CHECK

Transfer Amount \$ \_\_\_\_\_ on 1<sup>st</sup> of each month

Transfer Amount \$ \_\_\_\_\_ on 15<sup>th</sup> of each month

---

**Customer ...**

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

Customer Name \_\_\_\_\_

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

---

**Financial Institution...**

Received by \_\_\_\_\_

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_