

St. Catherine of Siena Student Center

AUTOMATIC DEBIT AUTHORIZATION FORM

IDENTIFICATION- Please complete

Name: _____	Social Security Number: _____
Address: _____ _____	
Phone Number: _____	Email Address: _____

FINANCIAL IDENTIFICATION – Please complete

Action Requested <input type="checkbox"/> Initial Set-Up <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Name of your Financial Institution: _____
	Address: _____ _____
	Account Number: _____ Checking <input type="checkbox"/> or Savings <input type="checkbox"/>
	Bank Routing Number: _____ **(see below)
	Amount to be deducted \$ _____ Monthly on 1st _____ OR Monthly on 15th _____

AUTHORIZATION- Please read

I authorize **Saint Catherine of Siena Student Center** to debit by electronic transfer from my account above and credit by electronic transfer to the **Saint Catherine of Siena Student Center** account in the amount that I have indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that **Saint Catherine of Siena Student Center** may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. **Saint Catherine of Siena Student Center** reserves the right to reverse an incorrect posting however, I fully understand that **Saint Catherine of Siena Student Center** must notify me on or before the settlement date and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., changing account number, closing account, changing banks, etc. **it is my responsibility to contact Saint Catherine of Siena Student Center immediately.**

To expedite processing, staple a voided check to this form. The routing number of your bank is the first set of number at the bottom of your check located on the left **xxxxxxx: (9 digits). Your account number is the next set of numbers (please include all 0's in the account number).

Saint Catherine of Siena Student Center will retain this authorization for a period of two years from the date an authorization ceases.

Thank you for supporting the ministry of St. Catherine of Siena Catholic Student Center through your automatic contribution. Please contact the office with any questions at (515) 271-4747 or by e-mail at saint.catherine@drake.edu.

Signature _____