

Please return form to St. Stephen the Witness Catholic Student Center, 1019 W 23rd Street, Cedar Falls, Iowa 50613.

To protect your information, please mail or drop off the form. *Thank you!*

Just fill out the form and return it to the St. Stephen Catholic Student Center office. We can change your withdrawal amount at any time with adequate written notice. The monthly withdrawal will be deducted on the fifth of the month. If you have any questions, contact the Student Center office (319) 266-9863.

Auto-Deposit of Contributions: Member Authorization

Return to: St. Stephen the Witness Catholic Student Center

Date:		
Name of Member (Please Print)		
Address		
City	State	Zip
Phone #	Email Address	

Offertory Contribution:

- I am **NEW** contributor, please withdrawal \$ _____ each month on the 5th of the month.
- I am **CURRENT** contributor, please change my withdrawal from \$ _____ to \$ _____ each month on the 5th of the month.

Please notify the Student Center Office when you want this contribution changed or terminated.

Your Bank Information: Please take my contribution directly from the account specified:

- Checking Account (attached a voided check) or Savings Account (attach a savings deposit slip)

Financial Institution/Branch: _____

Financial Institution Address: _____

Routing #: _____ Account #: _____

I hereby authorize St. Stephen the Witness Catholic Student Center to automatically debit my checking or savings account as noted, and I understand that this automatic debit will continue as stipulated above. I also understand that I am responsible for ensuring that the necessary funds are available at the time the debit occurs. I may revoke this automatic payment authorization at any time with fifteen (15) days written notice to St. Stephen the Witness Catholic Student Center.

Authorized signature on my account: _____ Date: _____

Attach a voided check or savings deposit slip and return to our Student Center office. Thank you!