



I hereby authorize Bank First/St. Thomas the Apostle Catholic Community, to initiate entries from my checking/savings account at the financial institution listed below (the "Financial Institution"), and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until St. Thomas the Apostle, is notified by me (us) in writing to cancel it in such time as to afford Bank First/St. Thomas the Apostle and the Financial Institution a reasonable opportunity to act on it.

 (Name - PLEASE PRINT)

 (Address - PLEASE PRINT)

 (Name of Financial Institution, Address of Financial Institution - Branch, City, State & Zip)

_____ Checking _____ Savings

_____ (Financial Institution Routing Number) _____ (Account Number)

_____ Tithing/Sacrificial Giving
 15th of each month

_____ Capital Improvements
 25th of each month

_____ First Payment Date (allow 5 days for processing)

 (Signature) (Date)