

Automatic Withdrawal Authorization Form

New Change Cancel

I authorize Fox Communities Credit Union/ Holy Spirit Parish

To debit my Checking Savings

Monthly on the 1st Monthly on the 15th Weekly on Friday

In the amount of \$ _____

With a starting date of _____

From (your account):

Name on Account: _____

Financial Institution: _____

Routing Number: _____

Account Number: _____

Please provide a voided check if account is a checking account.

These funds will be received by Fox Communities Credit Union, routing number 275977256, **For Credit To:**

Business Name: Holy Spirit Parish

Account Number: _____

This authorization will remain in effect until Fox Communities Credit Union or Holy Spirit Parish is notified in writing, in such time as to afford Fox Communities Credit Union a reasonable opportunity to act on it. In case of error, Fox Communities Credit Union must be contacted no later than 60 days after you receive your financial statement on which the error appeared.

Signature: _____

Date: _____