

Date _____

St. Thomas Aquinas Catholic Congregation
602 Everglade Dr.
Madison, WI 53717

Dear Sirs:

I authorize St. Thomas Aquinas to draft my checking account on the 4th Tuesday of each month for the amount of \$_____. I have attached a voided check (not a deposit slip) in order to provide the account and routing numbers. Please begin drafting my account in _____(month) of 20__ and continue until I notify you otherwise.

Name (print)_____

Signature _____

(Attach voided check,)