

**AUTHORIZATION AGREEMENT**

I hereby authorize COMMUNITY STATE BANK (financial institution) to withdraw from my account and to credit the St. Clement Parish account in the amount of \$ \_\_\_\_\_ each month {Only doing monthly}

Start date: \_\_\_\_\_

The routing number for my bank is# \_\_\_\_\_ my bank account is # \_\_\_\_\_

This authority is to remain in full force and effect until written notification from me of its termination in such time and manner as to afford St. Clement Parish and the financial institution a reasonable opportunity to act on it.

**Print Individual Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM**

RETURN IT TO ALI AT THE PARISH OFFICE OR MAIL TO:

**ST. CLEMENT PARISH  
21509 HWY 161,  
BOWLING GREEN MO 63334**