

**DIOCESE OF YOUNGSTOWN
QUARTERLY ELECTRONIC DEBIT AUTHORIZATION**

Parish Full Name: _____

Parish Number: _____

I wish to have the Diocese of Youngstown electronically debit our account on the fourth Wednesday of May, August, November and February for the following quarterly billings:

- Life Insurance
- Long-term Disability Insurance
- State Unemployment Insurance
- Workers Compensation Insurance

I agree to notify the Diocese of Youngstown Finance Office immediately of any changes to the information so that our payment may be properly collected. I understand that in the event our financial institution is not able to debit any electronic transfer from our account due to any action we take, we will make other payment arrangements with the Diocese of Youngstown Finance Office.

Please complete the section below and **ATTACH A VOIDED CHECK**

Name of Financial Institution

Routing or Transit number

Account Number

Exact Name of Bank Account

Type of Account: Checking Savings

Authorized Signature: _____
(authorized signer on the account)

Date: _____