

St. Anthony Parish Enrollment Form

**For new enrollment and/or for any changes necessary
please return the completed form to:**

St. Anthony Parish, 217 Tremont, Missoula MT 59801

AUTHORIZATION FOR DIRECT PAYMENT

I authorize **ST ANTHONY PARISH** and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution three (3) days before my account is charged.

(NAME OF MY FINANCIAL INSTUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP)

➤ X

(MY SIGNATURE)

(MY PRINTED NAME)

(MY PRINTED ADDRESS)

Account no. _____

Checking ___ Savings ___

➤ ****STAPLE VOIDED CHECK OR SAVINGS DEPOSIT TO THIS DOCUMENT****

My financial institution routing no. _____
(9 digit number between these symbols | : | : on bottom left of your check or savings deposit)

➤ Please deduct \$ _____ from my account on the following date(s) of the month:

➤ CHOOSE ONE: ___ 5th of each month ___ 20th of each month or ___ 5th & 20th of each month

Date of First Payment: _____

I CHOOSE NOT TO PARTICIPATE IN DIRECT DEPOSIT
FOR THE BENEFIT OF ST ANTHONY PARISH

AS OF THIS DATE: _____

X
Sign here **ONLY** if you **DO NOT** wish to participate

(Print Name)