

**Our Lady Queen of Peace Catholic Cemetery of The Diocese of Palm Beach, Inc.**  
**Checking Account** Withdrawal Authorization Form



Contract #: \_\_\_\_\_

**Bank Account Information:**

Name on Bank Account: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Checking Account Number:

\*\*\*\*\*  
 Bank Routing Number (9 Digits):



**A voided check must be attached to this form.**

Please select payment option: **RECURRING PAYMENTS ARE PROCESSED ON THE 15<sup>TH</sup> OF EACH MONTH**

Once	<input type="checkbox"/> Debit my bank account once for the following amount: _____
Monthly	<input type="checkbox"/> Debit my bank account once a month for the following amount: _____
	<input type="checkbox"/> Date To Begin Recurring Payments: _____
	<input type="checkbox"/> <b>12 MONTHS</b> _____ INITIAL <input type="checkbox"/> <b>24 MONTHS</b> _____ INITIAL <input type="checkbox"/> <b>36 MONTHS</b> _____ INITIAL

*Applicant ensures that all information provided is accurate and complete. Applicant further acknowledges that the above referenced contract may be suspended or terminated at the discretion of Our Lady Queen of Peace Cemetery in the event debits are declined..*

*Changes in the status of the above referenced Checking Bank Account will be reported to Our Lady Queen of Peace Cemetery in a timely fashion.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_