

Authorization Agreement for Auto Withdrawals

I (we) hereby authorize St. Mary's Scrip to initiate debit entries from my (our) Checking Account indicated below at the financial institution named below, and to debit the same to such account. The transactions will take place at the time my Scrip orders are processed. I (we) acknowledge that the origination of ACH (Auto Withdrawals) to my (our) account must comply with the provisions of the U.S. Law.

<p>Financial Institution:</p> <p>Bank Name: _____</p> <p>Routing Number: _____</p> <p>Checking account number: _____</p>

<p>Authorization:</p> <p>This authorization is to remain in full force and effect until St. Mary's Scrip has received written notification from me (or either or us) of its termination at such time and in such manner as to afford St. Mary's Scrip and the financial institution a reasonable opportunity to act on it.</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Print Name: _____</p>

Please return form to:

Kris Snyder, Scrip Director
St. Mary's Scrip
PO Box 1106
Storm Lake, Iowa 50588