

**St. Mary's Catholic Church
Automatic Debit Authorization**

Please indicate which fund you wish your automatic debit to go to:

_____ Sunday collections \$ _____ /week \$ _____ /month

_____ Phase III pledge \$ _____ /week \$ _____ /month

(Please fill out a separate sheet for each debit.)

Weekly debits will take place every Monday. Monthly debits will take place on the 20th of each month.

I authorize St. Mary's Catholic Church to automatically debit my checking/savings account as designated below. This authority will remain in effect until I give written notification to cancel it.

_____ Checking Account # _____ Amount _____

OR

_____ Savings Account # _____ Start Date _____

_____ Financial Institution _____ Customer Name (Please Print)

_____ City, State _____ Customer Signature

_____ Transit Routing Number _____ Date

REQUIRED: Please include voided check to insure correct information for set up. Thank you.