



Automatic Debit Authorization



Please indicate which fund you would like your automatic debit to go to:

_____ Sunday Collections \$ _____/week \$ _____/month

_____ Debt Retirement \$ _____/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 or _____ Savings Account (check one)

Account No. _____

Transit Routing Number _____

Start Date _____

_____ Financial Institution

_____ Customer Name *(please print)*

_____ City, State

_____ Customer Signature

_____ Date

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