

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

TITHING AUTHORIZATION FORM

Parishioner Name(s): _____ Phone: _____

Address: _____ E-Mail: _____

City/State: _____ Zip: _____

I (we) hereby authorize **THE CATHEDRAL OF ST. JOHN BERCHMANS**, hereinafter called **CHURCH**, to initiate Direct Debit of Tithes and necessary credit entries for withdrawals from my (our):

Select One: _____ **CHECKING** _____ **SAVINGS** Account

at the depository named below, hereinafter called **DEPOSITORY**.

Depository Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA#: _____ Account #: _____

(Transit Number is first 9 digits on bottom of check between the :| symbols)

PLEASE CHECK FREQUENCY

		<u>Weekly</u>	<u>Monthly</u>
(1) Regular Sunday Gift	Amount of Contribution \$ _____	_____	_____
(2) Building Fund	Amount of Contribution \$ _____	_____	_____
(3) School	Amount of Contribution \$ _____	_____	_____
(4) Organ Campaign	Amount of Contribution \$ _____	_____	_____
(5) 2014 Cathedral Proj.	Amount of Contribution \$ _____	_____	_____

This authority is to remain in full force and effect until **CHURCH** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **CHURCH** and **DEPOSITORY** a reasonable opportunity to act on it.

Name(s): _____

(Please Print)

Signed: _____ Date: _____

Signed: _____ Date: _____

If this is a joint account, all authorized individuals must sign.

Please attach a voided check for checking account or voided deposit ticket for savings account.