

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

Weekly Monthly

- | | | | | |
|--------------------------|---------------------------|-------|-------|-------|
| (1) Regular Sunday Gift | Amount of Contribution \$ | _____ | _____ | _____ |
| (2) Building Fund | Amount of Contribution \$ | _____ | _____ | _____ |
| (3) School | Amount of Contribution \$ | _____ | _____ | _____ |
| (4) Cathedral Proj. 2035 | 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.