Recurring Debits Authorization

(Automatic Donations)

I (we) hereby authorize [St. Martins Catholic Church], hereinafter called the COMPANY, to initiate debit entries to my (our)

    (select one:)   ☐ Checking Account   ☐ Savings Account

indicated below at the depository financial institution named below, hereafter called BANK, and to debit or credit the same to such account.

BANK Name: Union State Bank / Other: _____

Routing Number: _____ (located at the bottom left corner of checks)

Account Number: _____

Same amount to be debited each billing period: $ _____
      (The amount of each donation)

Number of Payments: _____ ☐ OR Indefinitely – (check here)
      (How long you want the donations to continue.)

Frequency of Payments: (select one): ☐ Monthly   ☐ Weekly ☐ Bi-Weekly

Date of First Payment: _____

This authorization is to remain in full force and effect for the number of payments authorized above or until the COMPANY has received written notification from me (or us) of its termination, in such time and such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Name: _____

Date: _____

Signature: _____

Please attach a voided check to this authorization in the blank area below.