

Ss. John & Paul Parish

AUTOMATIC DEBIT AUTHORIZATION FORM

IDENTIFICATION- Please complete

Name: _____ Telephone: _____

Address: _____ Email: _____

FINANCIAL IDENTIFICATION – Please complete

Action Requested

- Initial Set-Up
- Change
- Cancel

Funds Intended for:

- Tithing
- Building Fund
(to continue through ____/____/____)
date

Name of your
Financial Institution _____

Address: _____

Account Number: _____

Checking or Savings

Bank Routing Number: _____
**(see below)

Amount to be deducted \$ _____

Monthly on 1st or 15th

AUTHORIZATION – Please read

I authorize **Ss. John & Paul Parish** to debit by electronic transfer from my account above and credit by electronic transfer to **Ss. John & Paul Parish** the amount that I have indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that **Ss. John & Paul Parish** may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. **Ss. John & Paul Parish** reserves the right to reverse an incorrect posting. However, I fully understand that **Ss. John & Paul Parish** must notify me on or before the settlement date and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., changing account number, closing account, changing banks, etc. it is my responsibility to contact **Ss. John & Paul Parish** immediately.

**To expedite processing, staple a voided check to this form. The routing number of your bank is the first set of numbers at the bottom of your check located on the left xxxxxxxx: (9 digits). Your account number is the next set of numbers (please include all 0's in the account number).

Ss. John & Paul Parish will retain this authorization for a period of two years from the date an authorization ceases.

Signature _____