

THANK YOU FOR YOUR GENEROUS SUPPORT OF OUR PARISH

**All information will be kept strictly confidential,
and used only to facilitate your stewardship of God's gifts.**

I authorize _____
Name of Parish

- Checking Account
- Savings Account
- In the amount of _____ to be withdrawn monthly
(15th of each month)

Name of Financial Institution _____

Account Number _____

Routing/Transit Number _____

Signature

Date

I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled in writing.