



Credit/Debit Authorization Form

Authorization Agreement for Direct Deposit/Payment

I (we), _____, hereby authorize the Roman Catholic Diocese of San Angelo (“the diocese”) to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the diocese is notified by me (us) in writing to cancel it in such time as to afford the diocese and the financial institution listed below a reasonable opportunity to act on it.

ACH PAYMENTS ARE WITHDRAWN ON OR AROUND THE 10TH OF EACH MONTH
Monthly payment amount is determined by the Installment Contract

Account Name	
Grave/Crypt Location	
Monthly Payment Amount (from contract)	
Email Address for Statements	
Phone Number	
Financial Institution	
Routing Number	
Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Signature: _____ Date: _____

(Form is void without signature)