

ST. JOHN THE BAPTIST CATHOLIC CHURCH
625 FRAME RD.
NEWBURGH, IN 47630-1604
(812)853-6181

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

****WEEKLY TITHING AUTHORIZATION FORM****

Member Name(s) _____ Phone Number _____

I (we) hereby authorize **St. John the Baptist Catholic Church**, hereinafter called **Church**, to initiate Direct Debit of tithes and necessary credit entries for adjustment to correct errors to my (our) CHECKING SAVINGS ACCOUNT (select one) indicated below at the depository name below, hereinafter called **DEPOSITORY**.

Depository Name _____

City _____ State _____ Zip _____

Transit/ABA# _____ Acct # _____
(Bank Account Number - first 9 digits on bottom of check)

Amount of Contribution \$ _____

Frequency of Donation Weekly _____ Monthly 1st _____ or 15th _____
(Withdrawal - Weekly every Monday or Monthly on the 1st or 15th.)

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)

DATE _____ SIGNED _____

DATE _____ SIGNED _____

Please attach voided check for checking account or voided deposit ticket for saving account. *Note: if this is a joint account, all authorized individuals must sign.