AUTHORIZED AGREEMENT FOR AUTOMATIC CLEARING HOUSE (ACH) DEBITS

I (we) hereby authorize *The Cathedral Community* to initiate debit entries to my (our) Checking/Savings account at the depository (bank) named below:

Bank Name :	
Branch :	
City : State: Zip Code:	
9 - Digit Transit/ABA Number:	
Account No. :	
Checking Savings	
Name (s) :	_
	_
(Please Print) Address:	
Date :	
Signature (s):	
PLEASE INDICATE THE WEEK OF THE MONTH THAT YOU WISH TO HAVE THE MONEY DEBIT	ED FROM
SECOND MONDAY OF THE MONTH	
or THIRD MONDAY OF THE MONTH	
PLEASE INDICATE THE AMOUNT THAT YOU WISH TO HAVE DEBITED PER MONTH:	
\$	
PLEASE ATTACH A VOIDED CHECK	

RETURN TO: Lynn Marra, Business Manager The Cathedral Community, 296 Flower City Park, Rochester, NY 14615