

# Immaculate Conception Parish

## DONATION AUTHORIZATION AGREEMENT

Name (please print):	Start Date: (Withdrawals are on the Wednesday of each week. 1 <sup>st</sup> Week is the 1 <sup>st</sup> full week in a month)
Address:	Frequency of Withdrawal: (Weekly, Monthly, etc.)
<input type="checkbox"/> Send/Continue or <input type="checkbox"/> Don't Send/Discontinue Parish Envelopes	

I hereby authorize Immaculate Conception Parish to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account(s) indicated below at my financial institution listed below.

Financial Institution:	
Financial Institution Routing Number/Transit #:	
Account Number:	
Account Type (Savings or Checking):	
Amount to Withdraw:	

\*Please attach a voided check

This authorization agreement will remain in effect until Immaculate Conception Parish has received written notification from me of its termination or change in such time and in such manner as to allow Immaculate Conception Parish a reasonable time to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date