

AUTHORIZATION FOR DIRECT PAYMENT

(Electronic Giving)

I (we) authorize St. Emily's Church and my financial institution named below to initiate monthly entries to my checking/savings account. This authority will remain in effect until I notify St. Emily's Church to cancel it.

Print Your Name(s)

Print Your Home Address

Name of Your Financial Institution

City of Financial Institution

State

Zip Code

My Account Information

Checking Account

Savings Account

Routing Number _____

Account Number _____

DONATION BREAKDOWN

\$ _____ I want to give to the General Fund each month

\$ _____ I want to give to the United Catholic Appeal each month

\$ _____ I want to give to the *Vision for the Future Fund* (Narthex Expansion) each month

\$ _____ **TOTAL amount of my MONTHLY donation**

Transfers will be made as close to the 15th of the month as possible

Your Signature

Date