

**Annunciation Parish
3010 E. Chandler Ave.
Evansville, IN 47714
Telephone: 476-3061
Fax: 476-3062**

MONTHLY TITHING AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT
(Automatic Payment)

Member Name(s) _____ Phone Number _____

I (We) the undersigned account holder(s) hereby authorize the automatic payment of my (our) offertory gift (tithe) to Annunciation Parish, of Evansville, Indiana.

Please withdraw the automatic payment from my (our) Checking ____ Savings ____ Account (select one) and deposit the same in Annunciation Parish Account at Old National Bank in Evansville, Indiana.

Banking Institution Name _____

Street Address _____

City _____ State _____ Zip _____

Transit/ABA# _____ Acct # _____

Amount of Contribution \$ _____

Frequency of Donation: Monthly 1st _____ or 15th _____

We would like our withdrawals to commence on _____, and continue until we give written instructions to cease.

NAME(S) _____
(Please Print)

DATE _____ **SIGNED** _____

DATE _____ **SIGNED** _____

Please attach a voided check

*Note: if this is a joint account, all authorized individuals must sign.