

**ST. AMBROSE CHURCH
AUTHORIZATION AGREEMENT ELECTRONIC PAYMENT OPTION**

I hereby authorize St. Ambrose Catholic Church to charge my Account and Financial Institution indicated below. Any changes require a new form completed. All information provided will remain confidential.

FINANCIAL INSTITUTION INFORMATION	
Financial Institution Routing Number	_____
Checking Account Number or Savings Account Number	_____
Financial Institution Name	_____
Address	_____
City/State	_____

PARISHIONER'S PERSONAL INFORMATION	
Parishioner's Name	_____ SS # _____
Address	_____
City/State	_____ Home Phone _____
Envelope Number	_____ Date of First Transfer _____

Stewardship
Amount: _____ (check frequency below)
<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> 2nd or <input type="checkbox"/> 17th
(Semi-monthly payments made on the 2nd and 17th of each month)

Haiti
Amount: _____ (Monthly only on the 17th)

PLEASE ATTACH A VOIDED CHECK FROM YOUR ACCOUNT

This authorization is to remain in full force and effect until written notification from me of its termination in such time and in such manner as to afford St. Ambrose and the Financial Institution a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____