

# Christ Our Light Catholic Church

## Automatic Offering Plan

\*Form must be received 15 days before effective date.  
Please include a voided check/deposit slip.

(IMPORTANT: Please verify ALL information with your financial institution(s) before completing this form.)

New       Change/Update       Cancellation

Name: \_\_\_\_\_ Envelope #: \_\_\_\_\_

I (We) would like to have our offertory transferred in from:

Financial Institution Name:		Account #:	Type of Account: (check one) <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Routing & Transit/ABA#:
Address		City	ST	ZIP
Home Phone (Including area code): (     )		Work Phone/Other (Including area code): (     )	Transfer START* Date (MUST be a Business Day):	
Transfer Expiration Date, if any:	Dollar Amount: \$	Frequency (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly, indicate date: _____		

**FOR DEPOSIT INTO Christ Our Light Catholic Church CHECKING ACCOUNT.**

*Authorization for Pre-Authorized Fixed Withdrawals or Deposits*

I (we) hereby authorize Christ Our Light Catholic Church financial institution, Alliance Catholic Credit Union, to send or receive money on my (our) behalf to the account and financial institution named below. Such transactions will be authorized by this agreement and will be changed only by my written request. I (we) agree that I (we) assume all risk for any incorrect or insufficient information provided on this form. I (we) authorize all entries to adjust or correct errors. I (we) agree that these transactions and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will continue in effect until written cancellation is provided to Alliance Catholic Credit Union and in such a manner as to allow a reasonable opportunity to act on it. I (we) agree that if funds are not available at time of transfer, I (we) will be responsible for an insufficient funds fee at the current insufficient funds fee rate. I (we) acknowledge receipt of a completed copy of this authorization. I (we) acknowledge that Christ Our Light Catholic Church may cancel this request at any time due to their own discretion and/or three or more insufficient funds attempts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Christ Our Light Catholic Church  
3077 Gloucester  
Troy, MI 48084  
248.649.5510