

AUTHORIZATION AGREEMENT FOR SIMPLIFIED GIVING PROGRAM (EFT/ACH DEBITS)

NAME: _____ **(please print) Parishioner #:**

I (we) hereby authorize Mary, Queen of Peace Parish to transfer from my (our) () Checking or () Savings account (select one) indicated below and the depository financial institution named below, to debit the same to such account.

I (we) authorize the withdrawal of \$ _____ on the _____ 5th or _____ 20th of each month for my (our) Stewardship Pledge.

I (we) authorize the withdrawal of \$ _____ on the _____ 5th or _____ 20th of each month for my (our) "Our Church, Our Community, Our Future" Campaign Pledge.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution: _____ **Transit Routing/ABA #:**

Account #: _____

This authorization is to remain in full force and effect until Mary, Queen of Peace Parish has received written notification from me (us) of its termination in such time and in such manner as to afford Mary, Queen of Peace Parish and the financial institution a **reasonable opportunity** to act on it.

Date: _____ Signature: _____ Phone #: _____ Email:

Please attach a Voided Check (Checking) or Deposit Slip (Savings)