

HOLY FAMILY CATHOLIC CHURCH
950 E. CHURCH AVENUE
JASPER, INDIANA 47546
(812) 482-3076

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT OF CONTRIBUTIONS

Regular Collection _____ Church & School Maintenance _____ Other _____
(please indicate)

Member Name(s): _____ Phone Number: _____

I (we) hereby authorize **HOLY FAMILY CATHOLIC CHURCH**, hereinafter called **CHURCH**, to initiate Direct Debit of the contributions specified below and any necessary credit entries to correct errors from/to my (our) _____ CHECKING _____ SAVINGS (select one account) indicated at the depository name below, hereinafter called **DEPOSITORY**.

Depository (i.e. Bank) Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Bank Account Number: _____
first 9 digits on bottom of check *next group of digits on bottom of check*
or entire savings account number

Amount of Contribution: \$ _____

Frequency of Contribution: _____ Weekly (every Monday)
(please select one) _____ Monthly on the 1st
_____ Monthly on the 15th

This authority is to remain in full force and effect until CHURCH has received written notification from me (or either of us) of its modification or termination in such a time and in such manner as to afford CHURCH and DEPOSITORY a reasonable opportunity to act. (CHURCH requests notification is made via new Authorization Agreement at least 5 business days prior to effective modification or termination date.)

NAME(S) _____
(please print)

SIGNED _____ DATE _____

SIGNED _____ DATE _____

Envelope # _____
(office use)

Please attach voided check for checking account or voided deposit ticket for savings account.
**** NOTE: If this is a joint account, all authorized individuals must sign above. ****